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ABSTRACT

Presented are federal standards designed to synthesize and describe the knowledge available on the prevention and treatment of child abuse and negect. A summary chapter (Chapter I) covers background information, organization and content of the standards, and utilization of the standards. Chapter II discusses the relationships among children, adults, families, and society and examines the interactions that occur between them; reviews the causes of child abuse and neglect; considers definitional issues; and provides the goals that the standards are designed to achieve in preventing and treating child abuse and neglect. Chapter III (which makes up the bulk of the document) contains the standards which are presented in 11 separate sections: state law, legal rights, and research and evaluation (three sections which are applicable to all service systems); and state authority, local authority, physical health, mental health, education, courts, law enforcement, and prevention and correction (eight self-contained units directed primarily to persons working within the indicated organizational context or substantive area). A glossary is appended which defines all major terms used in the standards. (SBH)

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FEDERAL STANDARDS FOR CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAMS AND PROJECTS

MARCH 1978

FEDERAL ADVISIORY BOARD ON CHILD ABUSE AND NEGLECT

and the

NATIONAL CENTER ON CHILD ABUSE AND NEGLECT
Children's Bureau, Administration for
Children, Youth and Families
Office of Human Development Services
U.S. Department of Health, Education, and Welfare

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PREFACE

Child Abuse is a hurt to all communities. Children from all social and economic classes are its victims.

Newsstories daily remind us of the horrors of child abuse and neglect. Nationwide, there are estimated one million abused and neglected children. 100-200,000 are physically abused, 60-100,000 are sexually abused, 700-800,000 children are neglected or otherwise maltreated. Each year, an estimated 2,000 children die in circumstances of suspected abuse or neglect.

Child abuse and child neglect are not new problems; for hundreds of years society has made efforts to protect endangered children. But for too long they have seemed to be hidden problems. Only in the last ten years has the plight of these children---the victims of physical attack and deprivation--begun to receive adequate public exposure.

We all pay the price of a young child's suffering. Trapped in harsh and terrible childhoods, these children often grow up to be socially destructive--to vent on others the violence and aggression their parents visited upon them. Many who are abused as children abuse their own children. The abuse of one generation becomes the heritage of the next. Thus, unless the cycle is broken, there is a recurring and continuing family heritage of abuse.

Unless we take compassionate yet firm steps to improve the plight of these children, we consign them to a life of continuing peril and deprivation. And we consign our community to a future of aggression, and drug abuse and violence. As New York Family Court Judge Nanette Dembitz rightly said: "the root of crime in the streets is neglect of children."

In 1973, under the leadership of then Senator Walter Mondale and Congressman John Brademas, the Congress held a series of hearings across the country which revealed that State and local efforts to combat child abuse and child neglect were widely deficient.

At that time, although all fifty States had child abuse reporting laws, the legal framework for child protection work was often incomplete and unnecessarily complex, thus making it difficult to successfully implement effective programs. Moreover, the financial and institutional support necessary to sustain adequate treatment and preventive services was widely lacking. Child protective workers were generally not given the training, skills and ancillary services necessary to meet their important life-saving responsibilities.

In almost every community in the Nation, there were inadequacies, breakdowns, and gaps in the child protective process. Reports were increasing faster than agencies could handle them, yet detection and reporting remained haphazard and incomplete; protective investigations were often backlogged or poorly performed; and suitable treatment programs were almost non-existent for the majority of families needing them.

Too often, the only treatment alternatives available to child protective agencies were infrequent and largely meaningless home visits; overused, and sometimes abusive, foster care; and unthinking reliance on court action. Lacking suitable long term treatment services, most American communities were faced with a grim choice in cases of serious abuse or neglect: either break up such families or leave the children at home where they might be seriously injured or even killed.

Studies indicated that as many as three-quarters of the children whose deaths were suspected of being caused by child abuse or neglect were previously known to the authorities.

The Congressional response was the nearly unanimous passage of the Federal Child Abuse Prevention and Treatment Act of 1974, often called the "Mondale Act," because of its chief sponsor.

The Act created the National Center on Child Abuse and Neglect to implement the Congressional mandate to improve State and local child abuse and neglect services. The National Center, located in Washington, D.C., is an organizational part of the Children's Bureau of HEW's Administration for Children, Youth and Families. It seeks to focus and coordinate Federal efforts-including 150 specific projects relating to child abuse and neglect. All projects aim at keeping families together and preventing the unnecessary placement of children.

For example, 28 demonstration treatment centers have been established to develop and test service techniques which, if they prove successful, can be replicated elsewhere. These projects provide total case management within the context of the community-wide coordination of services.

Most of the projects are using interdisciplinary teams of professionals to guide and coordinate their efforts. Depending on the project, they are performing child protective investigations; child and family assessments; and direct treatment, including group therapy, art therapy, and play therapy. Many are operating twenty-four hour hot lines (sometimes called "help lines") for parent counseling.

After being ignored for so long, the plight of abused and neglected children has become the subject of widespread professional and public concern. The "battered child" has moved from the back pages of professional journals to the front pages of mass circulation newspapers. Daily, there are additional news articles, television and radio programs, and community meetings, not to mention professional conferences, on the subject. More and more people want to do "something" about child maltreatment.

As a result, there has been major progress in our ability to protect abused and neglected children and to assist their families.

In many places, health, social service, education and law enforcement agencies or individual professionals now seeing themselves as jointly, not separately, responsible for protecting children and, wherever possible, preserving and strengthening their families. New resources have been identified, useful family support systems have been tried, and some simplistic definitions and solutions have been discarded. Statistics, definitions, and procedures are being standardized and upgraded. More concretely, the quality of child abuse and neglect services provided by the States has been greatly improved. The rapid rise in the number of States which become eligible for State grants under the Federal Child Abuse Prevention and Treatment Act--42 States at this writing--has guaranteed that at least 42 States now provide, a guardian ad litem for all children involved in child protective cases; 42 States assure the confidentiality of case records; 42 States promptly investigate cases of neglect as well as abuse; and 42 States provide for the outside, impartial investigation of allegations of institutional abuse and neglect. The number of public and private programs working with abused and neglected children and with their parents has increased substantially. About 40% of the existing treatment programs in the country have opened their doors since 1973. (These are almost equally divided between public and private agencies.)

I believe that we in the United States are laying the foundation for a broadly responsible and honestly realistic approach to the diverse needs of the children in danger and families in trouble.

But it would be misleading to end on this singularly positive note. The present flurry of activity in the United States--of which the activities supported by the National Center are only a part--should not make us smugly complacent. We still face enormous gaps between what needs to be done to protect children and what can be done.

- We need to upgrade reporting practices, child protection agencies, and courts to ensure the immediate protection of all endangered children.
- We need to develop cost effective treatment approaches capable of breaking the cycle of abuse and neglect.
- We need to protect individual and family rights to privacy and cultural diversity during the process of involuntary protective intervention.
- We need to commit ourselves to a prevention program that seeks to strengthen family-life in America.
- We need to recognize and combat child abuse and neglect in residential care-giving institutions.
- We need to work continuously to coordinate public and private programs related to child abuse and neglect to maximize their impact and minimize the duplication of efforts.
- We need to build basic knowledge about child abuse and neglect and ensure that service providers can apply the best state-of-the-art knowledge to improve their programs.

We are witnessing the beginning--but only the beginning--of what must be a sustained national effort to understand the origins of child maltreatment and help alleviate them. The recognition, reporting, investigation, treatment, and prevention of child abuse and neglect must be accorded a priority in our human services system which it does now not receive.

These Standards are intended to assist states and communities in meeting these goals.

Douglas J. Besharov
Director, National Center on
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CHAPTER I

SUMMARY

BACKGROUND

The Child Abuse Prevention and Treatment Act (Public Law 93-247) established the National Center on Child Abuse and Neglect (NCCAN) which is part of the Children's Bureau, Administration for Children, Youth, and Families, U.S. Department of Health, Education, and Welfare. Public Law 93-247 also required the Secretary of the Department of Health, Education, and Welfare to appoint an Advisory Board on Child Abuse and Neglect composed of representatives from all Federal agencies administering programs related to child abuse and neglect. One of the responsibilities of the Board is to "assist the Secretary in the development of Federal Standards for child abuse and neglect prevention and treatment programs and projects."

These Standards will not be mandatory; compliance with them will not be imposed as a prerequisite for receipt of Federal funds. Rather, they are meant to synthesize and describe the best knowledge available on the prevention and treatment of child abuse and neglect in accord with two major purposes. The first is to provide all users of the Federal Standards with an overview regarding the problem of child abuse and neglect, and the goals of the Standards. The second is to provide institutions and individuals with specific Standards and Guidelines which they can use to: (1) assess existing programs in terms of children's and families' needs; (2) determine those policies, procedures, or program components that must be improved or developed; and (3) plan and achieve needed changes.

ORGANIZATION AND CONTENT OF THE STANDARDS

Preliminary draft Federal Standards for the Prevention, Identification, and Treatment of Child Abuse and Neglect were completed in October 1976. These draft Standards were presented in eight topical sections: (1) prevention; (2) reporting; (3) State responsibilities; (4) local investigation of reports of suspected child abuse and neglect; (5) local administrative responsibilities; (6) treatment; (7) prevention and correction of institutional child abuse and neglect; and (8) court procedures. The draft Standards were sent, for review and comment, to members of the Federal Advisory Board, State Public Welfare Directors, Directors of Demonstration Projects and Treatment Centers, Office of Child Development Central and Regional Office directors and staff, and a few other specially selected individuals.

Revisions to the draft Federal Standards have been based on several major sources of information: comments made by individuals who reviewed the draft Federal Standards, critical review and evaluation of relevant literature by professionals in the field, and substantive contributions from individuals who have knowledge and experience in the prevention and treatment of child abuse and neglect. Several hundred pages of comments were received from individuals who reviewed the draft Federal Standards. These comments were analyzed in a three-step process in which reviewers' comments were first organized according to the draft Standard addressed. Secondly, this information was aggregated and analyzed topically in terms of general and specific issues and the frequency with which they were cited. Finally, the descriptive findings were analyzed in terms of their implications for revising and reorganizing the draft Standards.

In addition to using the reviewers' comments as guidance for revising the draft Standards, several hundred documents were reviewed and critically evaluated. This literature review and evaluation focused on the pertinence of each document's content and how the content could strengthen and improve the draft Standards, or become the basis for the development of additional Standards. As is evident from the Acknowledgements, numerous individuals contributed to the content of these revised Standards and critically reviewed the many drafts that preceded this published version.

This analysis of comments and literature resulted in the following three conclusions that have affected the organization, format, and content of the revised Standards:

- The need to reorganize the Standards in a manner that would make them easier to use and would reduce the number of Standards that any one agency, organization, or professional group would have to assess.

- The desirability of having additional Standards for disciplines and professions not included in the original draft Standards. Specifically, reviewers recommended that the revised Standards should address the roles and responsibilities of the educational system, the law enforcement system, the physical health system, and the mental health system in preventing and treating child abuse and neglect.

- The importance of including more specific information that would assist users of the Standards in assessing and improving their existing programs, and in developing new programs.

In response to these conclusions, the revised Standards have been developed to include additional and more specific information than was presented in the preliminary draft Standards. It has been necessary, therefore, to reorganize the draft Standards, as recommended by several reviewers, in order to minimize the number of pages that any one individual would have to study and utilize. The Standards are presented in three Chapters and the last Chapter is further divided into eleven sections. This chapter, Chapter I, is intended to provide all users with information on how the revised Standards were developed, their purposes and their major points of emphasis. This Chapter is also intended to clarify the organization, purposes, and content of the rest of the document.

Chapter II summarizes available substantive knowledge about the social problem of child abuse and neglect and presents those views and approaches which are currently most prevalent. In addition, the goals that the Standards are designed to achieve are stated, defined, and discussed. The purpose of Chapter II is to provide all users of the Standards with a common framework and certain basic information so that differences in interpretation about the rationale, positions, and intent of the Standards are minimized.

Chapter III contains the Standards which are presented in eleven separate sections. The first three sections -- on State Law, Legal Rights, and Research and Evaluation -- are applicable to all service systems. The remaining eight sections -- for State Authority, Local Authority, Physical Health, Mental Health, Education, Courts, Law Enforcement, and for the Prevention and Correction of Institutional Child Abuse and Neglect -- are self-contained units, and are directed primarily to persons working within the indicated organizational context or substantive area. Within each section, the Standards are organized and grouped in a manner comparable to the Standards' goals (as presented in Chapter II). This is to provide consistent emphasis of the document's major themes. The Standards also have been designed to take into account the uniqueness and special concerns of each State, county, and community by addressing variations in staffing needs and financial resources.

The revised Standards also are based on the following three assumptions which are emphasized throughout the document. (1) Prevention efforts must be stressed and receive attention at least equal to that directed toward the assessment and treatment of suspected or actual incidents of child abuse and neglect. (2) Service systems must exert a coordinated effort on both the state and local levels to effectively prevent and treat child abuse and neglect.

(3) Continuous efforts must be made to improve our knowledge about preventing and treating child abuse and neglect by continued research and program innovation.

Finally, although major terms are defined throughout Chapters II and III, a Glossary is included as an Appendix. This Glossary defines all major terms used in the Standards.

UTILIZATION OF THE STANDARDS

Standards on the Prevention and Treatment of Child Abuse and Neglect can never be considered as final or static. Experience gained in implementing the Standards will pinpoint areas that need to be clarified, expanded, or deleted. Knowledge gained through research, demonstration, and evaluation efforts on the causes, prevention, identification, and treatment of child abuse and neglect also will necessitate the revision of portions of the Standards. In addition, changes in Federal and State policies as well as changes in social attitudes and concerns will have an impact on the content of the Standards. For these reasons, the Advisory Board and the National Center on Child Abuse and Neglect plan to revise these Standards on a regular basis. All users and reviewers of this document can contribute to these efforts by sending their comments on needed changes, additions, and improvements to the National Center on Child Abuse and Neglect, in care of the Director, Douglas Besharov.

CHAPTER II

CHILD ABUSE AND NEGLECT: AN OVERVIEW OF THE SOCIAL PROBLEM

This Chapter summarizes available knowledge about the social problem of child abuse and neglect. The purpose of the Chapter is to provide users of the Standards with a common framework so that differences in interpretation about the rationale, positions, and intent of the Standards are minimized. The Chapter is divided into two sections. The first section discusses the relationships among children, adults, families, and society and examines the interactions that occur between them. The causes of child abuse and neglect are discussed and definitional issues are examined. This sets the stage for the second section which presents the goals that the Standards are designed to achieve in preventing and treating child abuse and neglect.

The following discussion, although based on research and program knowledge, is purposely written in a narrative fashion without extensive references or presentation of theoretical issues. The purpose of this chapter is to provide a general background for the implementation of the Standards. Users who wish more detailed research reviews and comprehensive bibliographies may contact the National Center on Child Abuse and Neglect for copies of recent publications.

SECTION ONE: CHILDREN, ADULTS, FAMILIES, AND SOCIETY

Children, adults and families have identifiable rights and needs. Factors, both internal and external to a family and the family's individual members, affect these rights and needs. When rights are violated, or when the basic needs a society recognizes are not met, societies see themselves as having an obligation to assist the affected individuals and, if necessary, to intervene into family life.

Children's, Adults' and Families' Essential Rights and Needs

Adequate human development is dependent upon specific requirements, which can be viewed both as inalienable rights (not necessarily legal rights), and as essential needs that must be met as an individual proceeds through the different stages of life. The differences in these rights or needs at different ages are more a matter of degree than of substance.

During infancy, the child requires consistent care under conditions which are conducive to good health and well-being.

Since the infant is almost entirely dependent upon others, a caretaker must provide the infant with adequate food and shelter, and relieve the infant's discomfort and distress. Equally important to the infant's development is the need for the caretaker to provide consistent nurturance, social interaction, and an environment which promotes physical, emotional, and intellectual growth.

A child's dependency fosters the development of special bonds or attachments to his caretaker. When needs are appropriately met by the caretaker, the child develops physical and emotional strength. When these needs are not satisfied, the child can feel anxious and insecure and even can experience developmental deficiencies, retardation, or even death, depending upon the degree of deprivation.

As the child grows older, he becomes less physically dependent on adults. However, the child's survival still requires:

- adequate nutrition, shelter, clothing, and medical care
- reasonable, consistent, and age-appropriate parental or other adult controls (balanced with freedom to explore) which foster his learning and assist him in developing self-reliance and positive self-esteem
- stable and consistent human relationships and social stimulation which provide not only pleasure but also enhance the child's capacity to develop satisfying interpersonal relationships.

Adolescence is an important part of the life cycle. It marks the initial assumption of increased personal and social responsibility. It is also a period in which major alterations take place in the physical, emotional, and intellectual components of the individual. As the young person begins to define a role for himself in a social context and experiences physical changes, this usually becomes a period of conflict. And, usually there is discomfort for those who live with him and must adjust to his changing needs. Although the adolescent is usually less concerned with survival, there are certain other needs which must be met for his satisfactory development. These include:

- adequate adult role models who exemplify acceptable behaviors in both a personal and social sense
- opportunities for continued intellectual experiences as well as opportunities to make responsible contributions to society's institutions
- understanding by others of "nonconformist" behavior
- protection from personal harm such as physical or sexual assault.

An adult also has certain needs and rights which, to some extent, vary depending on age. The rights and the corresponding needs of the young adult and the senior citizen can be defined somewhat differently in both the context of the family as well as in the context of a wider society. In general, however, the adult continues to need and have a right to those things that ensure survival, provide him with an opportunity to learn skills needed to execute his adult and parental responsibilities, and offer opportunities for social stimulation and interactions. Specifically, in order to fulfill his societal and parental responsibilities, the adult needs:

- economic resources
- interpersonal and social resources
- opportunities for skill learning and personal development which include those necessary to develop or improve family relationships and parenting practices
- opportunities to be relieved occasionally of child care responsibilities.

Society also recognizes the rights of parents in addition to their rights as adults. Parents' rights include such things as: the right to have custody of their child and the right to discipline him within reasonable limits, and the right to make decisions about the child's health services, and religious training. Associated with the rights of parents are accompanying obligations to protect their child and to ensure that their child's essential needs are met.

The family as a unit serves an important intermediary function between the individual needs of its members and the demands and requirements of Society. The vast majority of human societies (or cultures) recognize and in different ways support the family unit as pivotal to personal and societal development. Although theorists differ on the number of family functions that are essential for personal and societal development, there is universal agreement that procreation, nurturance, and socialization of the child are primary functions.

The family not only provides for the opportunity to fulfill both the child's and the adult's needs, but it also functions as a societal agent in relation to society's needs. Societal needs include such things as effective control of disruptive behavior, shared modes of communication, and shared social goals.

Consideration of the needs of the family as a unit requires explicit recognition that the American family, as a social institution has changed considerably since the beginning of the twentieth century. A typical family once had many members, frequently with several generations living together and other relatives living in close proximity. Today's family is typically much smaller and often geographically isolated from relatives, reducing the past traditional patterns of shared responsibility and support in child rearing and providing less opportunity to learn informally about child rearing. More and more children

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are also being raised in single parent families and in households where the single parent or both parents are working and are away for extended periods of time. Concerns with personal individualistic interests and careers have also affected the family structure.

Factors Which Impact the Needs of Families

A variety of factors can affect the satisfaction of the family and each individual member's needs. Although the professional literature related to family functioning uses a number of different terms to refer to these forces, they can be grouped into the following four categories: social or institutional factors, situational factors, attitudes and values, and individual capacities.

Social or institutional factors. A variety of social or institutional factors impact families and their individual members. What a society is willing to provide in the way of parent education, day care, public school education, social services, health services, etc., is closely connected to its cultural and political values. Social institutions can be viewed as being arranged on a continuum. At one end are those which are intended directly to intervene, change or protect a family and its members, e.g., child protective services, law enforcement agencies, and the courts. At the other end of the continuum are those institutional forces in which individuals voluntarily participate and enrich their lives, e.g., businesses, churches, museums, and recreational facilities. In between these two points are helping and supportive services such as therapeutic day care, family and individual counseling, medical services, homemaker, and general human services such as schools and day care, which have the potential to enhance the resources of numerous individuals and families.

The presence or absence of these social institutions, their availability and their responsiveness all have an impact on families. When support is readily available, it has the potential to strengthen the family unit, improve the interrelationships of individual members, and increase the effectiveness of family functioning. If support is not widely available, the family is forced to rely on its own resources which in many cases may be insufficient or quickly exhausted.

Situational factors. Specific situations external to a given individual in a family impact the other family members. Unemployment versus employment, poverty versus adequate income, job dissatisfaction versus rewarding work, marital discord versus marital harmony, and inadequate education versus useful education are some of the situational factors that can exert an impact. Some of these factors are positive in nature and thereby strengthen the family and make life more meaningful while others are negative, stressful and make life much more difficult for the family.

No family is without both these positive and negative impacts but the effect of such impacts varies widely. In cases where an individual lacks the self-confidence, ingenuity, and resources to seek help from family members and friends or from social institutions, any crisis has more serious consequences than for those individuals who have more effective coping strategies. Negative situational forces are identified by many in the existing, relevant literature as significant "root causes" of child abuse and neglect.

Attitudes and values. Cultural factors shape personal values and attitudes. Among the cultural factors in today's society that impact the family and its individual members are prevailing social attitudes toward children, discipline, and violence. The United States has a long history of viewing and treating children as inferior to adults. Behavioral practices that are not regarded as abusive or neglectful were once considered the normal exercise of parental rights, as economic necessity or appropriate discipline. Floggings and whippings have been viewed as acceptable in many societies, and some of the American colonies passed legislation that demanded the obedience of children. In several of these colonies, filial disobedience was punishable by death.

Such cultural views on the status of children have been reinformed in Biblical references, fairy tales, and nursery rhymes. In the Old Testament, for example, children are enjoined to honor and obey parents and older persons or suffer tragic consequences. Parents are instructed on how to raise children with such statements as: "He that spareth the rod hateth his son, but he that loveth him chasteneth him betimes," (Proverbs 13:24). II-5

Undoubtedly, violence toward children is also part of a larger picture of societal violence, hostility and aggression. The implications of being "saturated" with violence have yet to be fully explored. We do not know, for example, the significance of studies which show that by age fourteen most children have seen an average of 18,000 violent murders on television. On the other hand, we do know that violence occurs between family members more often than it occurs between any other individuals or in any other setting -- except for wars and riots. From the cradle onward, we are influenced by cultural forces to strike out and injure those who frustrate and trouble us. The victims of this hostility are often children because of their proximity and vulnerability to their adult caretakers.

Individual capacities. An individual family member's physical and mental health, intelligence, personality and previous experiences also affect families and children. Despite many widely held assumptions, the parent who is abusive or neglectful is not a unique type of person. There is no single category of "disease," social class, or cultural group in which such parents can collectively be placed. However, it does appear from clinical literature that individuals with certain personal characteristics are more likely to engage in child abuse or neglect irrespective of their specific life situations. Such characteristics include forms of immaturity and associated dependency; extremely low self-esteem and a sense of incompetence; difficulty in seeking pleasure and finding satisfaction in the adult world; social isolation and reluctance to seek help; a strong belief in the value of punishment; significant misperceptions of a child; and a serious lack of ability to be empathically aware of the child's condition and needs.

Crisis or negative situational factors alone cannot be considered an adequate cause of abuse. Many acts of abuse and neglect do, of course, occur when the parents are faced with a crisis such as unemployment, illness, or financial difficulty. However, crises are equally common in the lives of many people who never display abusive or neglectful behavior toward their children. Likewise, personal characteristics do not necessarily result in child abuse and neglect. But, the presence or absence of certain personality characteristics is related to how well parents are able to nurture their children and respond to life crises. Individuals raised in nurturant homes whose present life is relatively stable are more likely to find parenting easier and more fulfilling than those who experienced violence and deprivation in their childhood relationships and experience chaos in their present circumstances.

The Role of Society in Responding to Individual and Family Needs

As individuals and families seek to satisfy their needs and to minimize the negative forces which affect their lives, they use resources of their own as well as resources in the public and private spheres of their community. That society has a role to help families meet their needs for survival, comfort, and security is widely recognized. Law enforcement, judicial, and child protection systems are established to help meet families' needs for security and safety. Health services are provided through a variety of mechanisms to help meet needs for survival, comfort, and mental health. American society has assumed the role of providing individuals with opportunities for development of their intellectual capacities through a nationwide system of public education. Today there are also multiple other human services which, if available and accessible, can contribute to the resolution of problems affecting the family and its members. For example, society can assist an economically deprived family by providing avenues for financial assistance, an adolescent with venereal disease by providing needed medical services, and an emotionally distraught person by providing mental health counseling services.

Most societal services are provided to individuals who are also family members. However, these services are most often oriented to specific types of individual pathologies or problems. The inter-relationships between the family's various needs and its members' individual needs are still not widely recognized by either the general public or professional groups. Nor is the relationship between the satisfaction of child and adult needs comprehensively addressed through the provision of services. For example, the pursuit of intellectual growth cannot be divorced from economic security. An abundance of sociological and educational research indicates that economic deprivation leads to reduced school attendance and the unproductive use of the educational opportunity during attendance. A child who is physically below par, poorly fed, ill-clothed, or lives in substandard housing often lacks the essential prerequisites for the fullest development of his intellectual capacity. The lack of economic security may also impose a ceiling on his educational opportunities. In addition, many health problems are demonstrably related to economic proverty. Thus, poor health is a social and economic problem as well as a medical problem.

Society has a role to respond to a family's emotional needs -- a role that has become increasingly important for today's nuclear family. Of special significance in the context of child abuse and neglect is societal assistance and support in strengthening the relationships between parents and their infants, young children, and adolescents. Early family relationships are considered to be of primary importance in determining basic personality patterns and influencing the nature of an individual's subsequent relationships. Much of the child abuse and neglect and child development literature emphasizes that the ability to be an empathic caretaker of children is assumed to be directly related to the degree of empathic care the parent received in his or her own first months of life. The infant who receives inadequate care can become an adult unable to care adequately for a child, unless new behavior patterns are learned in the intervening years.

As previously discussed, many families today do not have relatives living in close proximity. Thus, traditional patterns of shared responsibility and support in child rearing are no longer prevalent. There are more single parent households and more families where both parents, or the single parent, work. Society must assess what its role should be in relation to these and the many other factors that affect the effective functioning of today's families. To what extent and how should society help parents increase their income through attending classes and learning new job skills? What is society's role in providing parents with a needed respite from the day to day frustrations and tensions associated with parenthood at all economic levels? What is society's role in transmitting effective parenting skills, a role previously assumed by the extended family? It is clear in studying many social problems that society may need to develop new structures for meeting individual and family needs, in particular by social organizations assuming new roles. It is not as clear exactly how extensive these new roles should be.

Causes of Child Abuse and Neglect

There is no single theory or explanation to account for child abuse and neglect any more than there is a single theory to explain delinquency, alcoholism, drug abuse, mental illness, or many other social problems. Although the problem is globally defined as child abuse and neglect, it is essential to understand that child abuse (and child neglect) is a general label for an event which has a variety of manifestations and causes.

The existing literature on child abuse and neglect provides several major views on the basic causes. Until very recently, the consensus was that physical abuse was caused by severe emotional pressures on one or both of the parents or by a variety of personal "pathologies". The emphasis has been on intrapersonal factors: children are abused as a result of the pathologies of their abusers. This is still the view of many treatment professionals and it is probably shared by many of the general public.

Another widely held view of the cause of child abuse is that our cultural heritage leads us to permit and even encourage the abuse of children. The explanation for this view is that our traditions and societal predilection for violence make abuse a natural (or inevitable) outcome. This view, then, emphasizes the negative impacts of cultural factors on families and children.

A third prevailing view in the literature is that child abuse and child neglect are caused by, or closely related to, economic poverty and its correlates and consequences. Economic poverty is seen as contributing to the development of deviant behavior which then results in a certain rate of child abuse and neglect. It is recognized that child abuse and neglect occur among families at all economic levels. But, it is believed that the problem is more likely to surface among those whose economic or social status does not allow for them to easily obtain or purchase help. Thus, in this viewpoint, situational factors are seen as the basic cause of child abuse and neglect.

Another view found in the literature on child abuse and neglect is that multiple causes of abuse and neglect exist, e.g., alcoholism,family stress, mental retardation, learned behavior, poverty, etc. This viewpoint is extremely difficult to research, because in research of problems with multiple causes, it is virtually impossible to hold certain variables constant in order to discover the relative importance of each cause.

Analysis of the basic causes of child abuse and neglect has been hampered by the lack of significant sophisticated, social scientific research and theory. With a few notable exceptions, research projects have not operationally defined terms and have not used adequate or appropriate statistical techniques. In addition, some research projects have extrapolated from small unrepresentative samples to larger often non-comparable populations, and some efforts have lacked the control or comparison groups that should have been required by the research design. Not until methodologically sophisticated social research (not simply data collection) is conducted, will an adequate scientifically-based understanding of child abuse and neglect be developed.

Definition of Child Abuse and Neglect

Child abuse and neglect has been defined many ways, e.g., legally, clinically, and socially. It is, however, basically a negative judgment about the parental ability or behavior of a caretaker. The person abused is assumed to be chronologically younger than the one who abuses; usually the abuser is an adult. In general, abuse refers to an act of commission, such as beating; neglect to acts of omission, for example, the failure to provide the essentials for normal life such as food, clothing, shelter, care and supervision, and protection from assault. Child abuse and neglect can take many forms, including physical, verbal, sexual, and emotional. Thus, in a broad conceptual sense an abused or neglected child means a child under the age of eighteen whose physical or mental health or welfare is harmed, or threatened with harm, by the acts or omissions of the parent or other person responsible for his welfare.

Despite the possible usefulness of a single, broad definition based on observable actions, an examination of the case histories of caretakers who abuse or neglect reveals distinctions. Those who physically abuse children frequently act differently from those who sexually abuse them, and persons who batter their children may act different from those who neglect their children. Furthermore, how an abusive or neglectful act is recorded, or whether it is recorded or reported at all, depends on the actions and behaviors of the persons responsible and the reactions of the child affected; their motivations; social status; to whom, how, and under what circumstances the event is reported; and, the cultural setting in which the action occurred.

In developing any single definition or multiple definitions it must be recognized that all interaction between caretaker and child can be viewed as occurring on a continuum ranging from acceptable (healthy, productive) to unacceptable (damaging, unproductive). The impact of various factors discussed earlier (social-institutional, situational, cultural and intrapersonal forces) on families and individuals is not constant. In a longitudinal sense, both families and individuals vary in their susceptibility to abusive and neglectful behavior and in the actual display of such behavior. Thinking about child abuse and neglect in this way emphasizes that a family's and its members' relationships with the social environment vary qualitatively over time. As families and individuals develop and strengthen inner resources, and as society responds more appropriately to family and individual needs, tendencies toward social problems decrease in a probabilistic sense. As these resources decrease or are weakened, vulnerability increases as does the likelihood of problematic outcomes.

As individuals, we may prefer a definition (or set of definitions) that clearly distinguishes those who abuse and neglect from those who do not. It is not psychologically comforting for most of us to acknowledge the potential or capability for some sort of abuse or neglect of children by most adults under certain kinds of situations or conditions. Yet an acceptance of the fact that parents who abuse or neglect their children may be persons with characteristics very similar to our own, which is implicit in the continuum approach, may be a vital prerequisite for the adoption of prevention activities. We are usually more ready to help persons we see as similar to ourselves, and to help them in more meaningful ways, than we are to aid persons we view as fundamentally different.

Thinking about abusive and neglectful behavior from the perspective of a continuum coincides with the views of a number of authors who have criticized classification systems which essentially divide parents into two groups, those who abuse or neglect their children and those who do not. The fact that the quality of parent-child interactions varies over time also has important implications for prevention, identification, and treatment. For example, the treatment of parents who abuse should be viewed as a long-term process, and short-term gains or failures should not be interpreted as final evidence of treatment success or failure.

Also, the way in which cases of abuse or neglect are recognized can be arranged on a continuum ranging from self-recognition to outside involvement to involuntary intervention. The extent to which given points on the "recognition continuum" correlate with the success of various treatment strategies raises some interesting, although currently unanswered, questions. It might be hypothesized, for example, that the probability of successful resolution of a child abuse or neglect case (however operationally defined) is increased under conditions of self-recognition, and is decreased under conditions when a societal agent intervenes into a family's life without their request or consent.

The continuum approach may also be useful in conceptualizing treatment approaches. Different manifestations of unacceptable behavior may require different responses. Different families and individuals who abuse or neglect their children in similar ways may require different treatment services. The preferred response to a situation of physical neglect may be very different than the response to a situation of incest; a family that neglects a child by failing to provide adequate supervision may require very different treatment services than a family that neglects a child by failing to obtain medical treatment.

Attempts have been made to operationally define the different types of abuse and neglect. At this time, however, there is no uniform agreement on how to make these definitions applicable to the perspectives and needs of different disciplines. On the other hand, there are a number of indicators that can assist in identifying child abuse and neglect. A general summary of frequently cited indicators of physical abuse, neglect, sexual abuse, and emotional maltreatment is presented on page II-12. These indicators are presented as "clues" which should encourage further examination to determine whether abuse or neglect has occurred. The presence or absence of any single indicator generally is not sufficient to establish a "founded" case of abuse or neglect. Additional indicators of abuse and neglect are presented as part of the Standards in Chapter III. All of these indicators are meant to encourage concern and inquiry about the welfare of potential child victims, and referral of abuse and neglect cases to child protective agencies.

CATEGORY	CHILD'S APPEARANCE	CHILD'S BEHAVIOR	CARETAKER'S BEHAVIOR
Physical Abuse	-- Bruises and welts (on the face, lips, or mouth; in various stages of healing; on large areas of the torso, back, buttocks, or thighs; in unusual patterns, clustered, or reflective of the instrument used to inflict them; on several different surface areas). -- Burns (cigar or cigarette burns; glove or sock-like burns or doughnut shaped burns on the buttocks or genitalia indicative of immersion in hot liquid; rope burns on the arms, legs, neck or torso; patterned burns that show the shape of the item (iron, grill, etc.) used to inflict them). -- Fractures (skull, jaw, or nasal fractures; spiral fractures of the long (arm and leg) bones; fractures in various stages of healing; multiple fractures; any fracture in a child under the age of two). -- Lacerations and abrasions (to the mouth, lip, gums, or eye; to the external genitalia). -- Human bite marks.	-- Wary of physical contact with adults. -- Apprehensive when other children cry. -- Demonstrates extremes in behavior (e.g., extreme aggressiveness or withdrawal). -- Seems frightened of parents. -- Reports injury by parents.	-- Has history of abuse as a child. -- Uses harsh discipline inappropriate to child's age, transgression, and condition. -- Offers illogical, incovincing, contradictory, or no explanation of child's injury. -- Seems unconcerned about child. -- Significantly misperceives child (e.g., sees him as bad, evil, a monster, etc.). -- Psychotic or psychopathic. -- Misuses alcohol or other drugs. -- Attempts to conceal child's injury or to protect identity of person responsible.
Neglect	-- Consistently dirty, unwashed, hungry, or inappropriately dressed. -- Without supervision for extended periods of time or when engaged in dangerous activities. -- Constantly tired or listless. -- Has unattended physical problems or lacks routine medical care. -- Is exploited, overworked, or kept from attending school. -- Has been abandoned.	-- Is engaging in delinquent acts (e.g., vandalism, drinking, prostitution, drug use, etc.). -- Is begging or stealing food. -- Rarely attends school.	-- Misuses alcohol or other drugs. -- Maintains chaotic home life. -- Shows evidence of apathy or futility. -- Is mentally ill or of diminished intelligence. -- Has long-term chronic illnesses. -- Has history of neglect as a child.
Sexual Abuse	-- Has torn, stained, or bloody underclothing. -- Experienced pain or itching in the genital area. -- Has bruises or bleeding in external genitalia, vaginal regions or anal regions. -- Has venereal disease. -- Has swollen or red cervix, vulva, or perineum. -- Has semen around mouth or genitalia or on clothing. -- Is pregnant.	-- Appears withdrawn or engages in fantasy or infantile behavior. -- Has poor peer relationships. -- Is unwilling to participate in physical activities. -- Engages in delinquent acts or runs away. -- States he/she has been sexually assaulted by parent/caretaker.	-- Extremely protective or jealous of child. -- Encourages child to engage in prostitution or sexual acts in the presence of caretaker. -- Has been sexually abused as a child. -- Is experiencing marital difficulties. -- Misuses alcohol or other drugs. -- Is frequently absent from the home.
Emotional Maltreatment	-- Emotional maltreatment, often less tangible than other forms of child abuse and neglect, can be indicated by behaviors of the child and the caretaker.	-- Appears overly compliant, passive, undemanding. -- Is extremely aggressive, demanding, or rageful. -- Shows overly adaptive behaviors, either inappropriately adult (e.g., parents other children) or inappropriately infantile (e.g., rocks constantly, sucks thumb, is enuretic). -- Lags in physical, emotional, and intellectual development. -- Attempts suicide.	-- Blames or belittles child. -- Is cold and rejecting. -- Withholds love. -- Treats siblings unequally. -- Seems unconcerned about child's problems.

SECTION TWO: GOALS OF THE STANDARDS

The rest of this Chapter is devoted to a statement of the three major goals of the Standards. Summarized, these goals are to reduce child abuse and neglect through three major efforts: (1) primary prevention to strengthen all families: (2) secondary prevention through provision of support and treatment services in high risk situations, and tertiary prevention through intervention in situations where child abuse and neglect is suspected; and (3) enhancement of the resources and abilities of professional systems which frequently interact with children and families. Each goal will be defined, for the purposes of this Chapter, and then discussed in terms of recognition of the need for change, assessment of changes needed, and achievement of needed changes. The need for a coordinated and inter-disciplinary approach to the problem is stressed in the discussion of each goal.

Goal One: Society and Its Institutions Can Prevent Child Abuse and Neglect By Becoming More Responsive to the Needs of Families and Children

From a sociological perspective, the logical approach to preventing child abuse and neglect at the primary level is to eliminate the sustenance now provided these behaviors by various cultural and social-institutional forces. Indeed, many assert that without changes in existing cultural values and social conditions, a rising incidence of child abuse and neglect may be sociologically inevitable. Primary prevention, for the purpose to this document, is defined as recognizing the need for change, assessing change needed, and achieving that change to obviate or forestall child abuse and neglect by: (1) helping to ensure suitable family functioning for all families; and (2) alleviating the negative forces that may precipitate an incident of child abuse and neglect.

Recognition. If effective programs of primary prevention are to be instituted, their importance must be recognized by society at large and by institutions and individuals who come into regular contact with families and children. While there is widespread professional agreement that efforts are needed to develop general community support for primary prevention activities, most professional attention instead has focused on encouraging parents to seek help when they feel unable to handle their parenting responsibilities (secondary prevention) or reporting suspected cases of child abuse and neglect (tertiary prevention).

Society, its institutions, and all individuals must be aware that we have traditionally been more responsive to adult interests than to children's interests. The traditional styles of political action are not available to children. They cannot vote, make political contributions, organize themselves to lobby in Congress or in administrative agencies, or write and speak on behalf of political parties and their candidates.

Efforts directed towards the broader issues of family life, parenting, children's needs and development, and the ways in which family life can be strengthened have been largely lacking. Our social services, health, child care, and educational systems have critical responsibilities in preventing child abuse and neglect at the primary level. The law enforcement and judicial systems may also be tangentially involved with primary prevention through their roles of conflict manager and protecting parents' and childrens' rights. However, most of the involvement of these two systems (and to a lesser extent social services as well) will be in secondary prevention with high risk populations or in actual situations of child abuse and neglect.

Assessment of needed changes. Individually and collectively, we need to assess the changes that can realistically be made to prevent child abuse and neglect at the primary level, e.g., changes which will alleviate or eliminate the negative aspects of the prevailing social-institutional, situational, cultural, and intrapersonal factors which are associated with child abuse and neglect. In assessing the changes that are needed, attention must be focused on how the basic needs of families and children can be met, how parenting skills can be strengthened, and how the developmental potential of children can be enhanced. Attention must be directed not only at those services and programs that a given agency provides, but also on how such services are linked and coordinated with other services.

Many health problems of children and families are demonstratively related to economic poverty. In a preventive sense, therefore, the ultimate solution to many health problems means that what constitutes adequate resources (financial or other means of assistance) must be assessed and these resources must be made available to all families. Family spacing and planned parenthood programs can also be viewed as primary prevention programs which may help eliminate the impact of negative intrapersonal, low economic and health situational forces.

Staff at social service agencies often possess the greatest knowledge of community-wide resources. The ways in which this knowledge, frequently essential to families, can be used for primary prevention needs to be recognized. Social Service agencies can offer assistance in securing housing, employment, vocational training, and legal representation. They can provide telephone and walk-in services for parents and teenagers. Social service agencies are also in a position to identify for other social institutions the types of preventive programs that need to be initiated because of their knowledge about prevailing family problems and available (or unavailable) community resources.

Child care services and schools also have the potential to contribute to children's psychological, intellectual, and physical growth. Effective programs can help children develop the skills they need to care for themselves ultimately without substantial societal assistance. Child care services and school programs can also provide parents with a needed respite from their parental responsibilities and provide them with some opportunities to enhance their own skills. Thus, the influence of high quality programs for children is not limited only to the participating children. Older and younger siblings, parents, friends, neighbors, and others can be influenced by the additional knowledge and skills provided in these programs.

Public and private educational programs on child care, child development, discipline, and the rights of parents and children need to be assessed not only in terms of availability but also in terms of content. From a research and evaluation perspective, the training and education of those conducting parent education classes and the ideas they are transmitting need to be systematically assessed concerning such sensitive issues as which or whose child rearing practices will be transmitted. There also appear to be particularly strong requirements to assess the needs of adolescents in regard to such educational programs. Adolescents must be prepared to become knowledgeable parents, and parents with adolescent children increasingly need more information about how to guide their children through this transitional period.

Achievement of needed changes. Child advocacy and public education represent two major strategies that can be used directly for the primary prevention of child abuse and neglect and less directly to stimulate the development and improvement of other needed programs.

If injustices affecting children are to be adequately addressed, or if children are simply to be protected, other groups must speak and act on their behalf. Although public and private groups do exist which devote themselves to children's needs, primary prevention requires advocacy in the universal sense, e.g., keeping children's issues and interests constantly before policy-makers. Numerous issues exist concerning children's physical health, mental health, education, and day care that need to be addressed by child advocacy groups. Many of these issues are delineated in the Standards in Chapter III. However, it must be recognized that considerable disagreement exists over when societal intervention should be offered, when it should be mandated, and when it should be prohibited. In addition there is a paucity of tested ideas about how public and private groups actually advance children's causes in an effective manner. Division of responsibility for children's programs among legislative committees and among administrative agencies further impedes the evolution of a focal point for addressing children's needs.

From the perspective of primary prevention, public education is concerned with general issues of parenthood and parent-child interactions. Information should be conveyed to the general public and to specific target audiences (teachers, physicians, judges, etc.) relating child abuse and neglect to such larger issues as:

- Children's and families' essential needs and how they are best met

- The realities and challenges of parenthood

- Forces which affect the needs of families and children

- Family and individual needs to which society should be expected to respond and the ways in which society can respond

- Situations requiring society's intervention or protection.

Some Public education programs organized around these types of questions already exist, although research on the outcomes of these efforts has not been systematically undertaken. Nor do enough of these programs exist to reach the majority of adolescents, adults, community leaders, civic groups, service organizations, etc., who could benefit from them.

Goal Two: Societal Institutions Can Prevent Child Abuse and Neglect By Coordinating Their Assistance to Families and Their Intervention Into Family Life

Primary prevention of child abuse and neglect depends upon a social commitment to develop programs and service systems designed to meet the basic needs of children and families. This same commitment is needed to achieve the Standards' goal of secondary and tertiary prevention of child abuse and neglect. Secondary prevention of child abuse and neglect is defined as recognizing, assessing, and achieving change in high risk situations so that abuse and neglect do not occur. Tertiary prevention is defined as recognizing, assessing, and achieving change where abuse or neglect of a child has already occurred in order to prevent a recurrence.

Recognition. The importance of secondary and tertiary prevention must be recognized on three separate but related levels. First, societal institutions and other groups which assist families or intervene into family life must recognize the importance of preventive efforts and institute policies and programs which reflect this importance. Such societal institutions or "service systems" include social services, health, mental health, education, courts, law enforcement, self-help groups, and various voluntary and religious organizations. Recognition of the importance of secondary and tertiary prevention to reducing the incidence of child abuse and neglect currently varies from no recognition to organized, community-wide recognition.

The second level of recognition of the importance of preventive efforts ranges from no awareness to informed awareness by individuals within these institutions. Each individual has the potential to recognize children at risk and each has the potential to contribute to the knowledge of another through sharing his expertise. Increased emphasis must be placed on the early recognition of high risk indicators. Rarely is child abuse and neglect absolutely established, yet many professionals and citizens erroneously wait for such "proof" before initiating or requesting help for a child, or before reporting a suspected case of child abuse and neglect. This does not mean that the existence of one or several high risk indicators should necessarily result in involuntary or unwanted intervention into family life. What it does mean is that the individual who recognizes a possible high risk situation should carefully assess the child's situation and, if possible, discuss with the parent whether or not he or she could benefit from some form of assistance. If the situation appears to be serious, then the individual should recognize the importance of and need for intervention, even when the parents are not willing to admit that they need assistance. Indeed, the presence of one or several high risk indicators may be that particular parent's or caretaker's way of asking for help in an indirect manner.

When involuntary intervention into family life is indicated, it must be firmly rooted in law. Thus, the reporting of suspected child abuse and neglect -- often the start of involuntary intervention -- requires not only knowledge of the high risk indicators of the various forms of child maltreatment, but also knowledge of which of these forms constitutes or should constitute a reportable condition under a particular State's laws.

Every State and the District of Columbia has a law regarding the reporting of suspected physical abuse. Most States' reporting laws also cover sexual abuse and neglect, and many include emotional maltreatment (sometimes called mental injury). But State laws, which may be civil or criminal, vary with regard to what is to be reported, who must report, the agency to which reports must be made, the form of the report, etc. In some States, definitions of reportable conditions are very precise; in others they are more general. Regardless of the definitions, however, nearly all States require reports when there is "suspicion" or "reason to believe" that a reportable incident has occurred. No State requires absolute proof before suspected child abuse or neglect can be reported. Every State provides some sort of immunity from civil liability and/or criminal penalty to those who report suspected child abuse and neglect in good faith.

Most States enforce reporting requirements with penalties for failure to report. These penalties may be civil, criminal, or both. In every State, a civil remedy exists independent of reporting statutes, based on common-law negligence. Thus, a mandatory reporter who suspects a case of child abuse and neglect but chooses not to report it becomes liable for any subsequent injuries to the child. If the child is abused or neglected further, the (non) reporter may be held negligent and civilly liable.

The societal institution to which reports must be made currently varies among States. In most States reports are made to the local department of social services (or public welfare). In a few States, they must be made to the police department. In other cases, reports have to be sent to a court or to the district attorney's office in addition to or in place of the social services agency or police department.

Reporting statutes do not constitute the only legal basis for involuntary intervention. In some States, intervention is possible under other statutes. In a State where sexual abuse is not included as a reportable condition, for example, it may be possible to intervene on a child's behalf under the sexual offenses provisions of the State criminal code or general Department of Social Services jurisdictional definition.

Finally, the importance of preventive efforts must also be recognized on a third level. If individuals, including adolescents and parents, recognize their need for help and are aware of resources where they can obtain help, secondary and tertiary prevention efforts will be enhanced. Thus, the importance of self-referral must be recognized by social institutions, personnel within these institutions, and by the public at large. The success of self-referral efforts, however, depends upon individuals knowing that it is acceptable to ask for help. Successful self-referral is also dependent upon social institutions and their staffs. These institutions and personnel must acknowledge requests for help without automatically conveying a negative judgment, especially when the parent shares information about potential or actual abuse and neglect.

Assessment of needed changes. As with recognition of the need for change, assessment of needed changes has to be examined on several levels. First, it is necessary to assess the changes that are needed in the policies and attitudes of those societal institutions that are responsible for assisting families or intervening into family life. Second, the assessment process which is directed toward specific families should be examined.

The policies of institutions and the attitudes of individuals within institutions are greatly influenced by public and professional education. Thus, public and professional education efforts need to be assessed to determine their effectiveness in: (1) encouraging different institutions, e.g., human service systems, to coordinate their knowledge and services, and suggesting ways by which this can be done; (2) enhancing the skills and motivation of individuals to recognize and offer assistance to children at risk, including abused and neglected children; and (3) encouraging high risk parents, families and children to voluntarily seek help. The availability of educational materials also needs to be assessed to determine materials that are being used, could be used, or need to be developed for use throughout the educational system, i.e., to reach teenagers in local high schools as well as adults in colleges, particularly those preparing for careers in fields related to the prevention and treatment of child abuse and neglect such as law, social work, medicine, education, clinical specialties, etc. If educational materials are to be widely used there must, in addition, be options for input by various professionals and by State and local service institutions to emphasize unique needs such as those of cultural sub-groups. There must be a coordinated plan of dissemination. And, an evaluation of the impact of the educational materials must be performed.

Two adjuncts to reporting, hotlines and Central Registers, also need to be assessed in terms of their usefulness and effectiveness. Hotlines have been successful in increasing the number of reported cases of abuse and neglect. Unfortunately, services and programs have not always been able to respond to the increased number of reports. Central Registers currently vary widely in how reports are handled, what information is stored, how the information is used to improve the prevention, identification, and treatment of child abuse and neglect, and who has access to the Register. While hotlines and Central Registers offer some promise for secondary and tertiary prevention, their functions are considerably more germane to the enhancement of preventive, investigative and treatment resources. Consequently they are discussed more fully in Goal Three.

If service institutions and individuals are to help families, and if families and children are to seek help, outreach programs must exist. Outreach can be accomplished in two ways. The first way is to assist parents to lower the barriers to admission of their need for help. Professionals, and the general public, can do this by being aware of high risk indicators, by acknowledging the relationship of these indicators to potential abuse and neglect, and by sharing their genuine concern for those who are experiencing personal or situational difficulties. The second way is for service institutions to conduct outreach efforts, on a planned and coordinated basis, to reach selected populations considered to be at risk. Such outreach efforts must also be evaluated to determine their approach, frequency, and content.

Once an individual or family seeks help, or is identified as being in need of help, an assessment must be made of the changes that are required if the family unit is to be strengthened. The type and degree of needed societal intervention must be determined, e.g., should the individual or family be referred for mental health services or reported for child abuse and neglect. The answers to such issues are complex and dependent upon the nature of the request for help or reason for initiating help, the diagnostic skills of the person assessing the situation, the type and quality of services available within the community, the knowledge of the assessing individual about available services and his responsibility to the family, and the State reporting law. There is frequently a reluctance to refer a family that needs help to a protective services agency because of uncertainty about what will happen to the family and what type of stigma will be attached to them. These same concerns impede families from initiating self-referrals. Thus, service institutions need to assess not only the services they offer but also their policies, attitudes and image in the community in general, and among specific sub-groups of the community in particular.

Assessment of a specific family's situation is the critical second level of assessment. Relevant information about a family, its members, and their individual needs must be collected. It must be determined what changes have to be made in order for the family to function effectively. Decisions must be made about the child's or children's safety and the possible need for court intervention to remove the child and place him elsewhere. This process becomes even more difficult due to two factors. First, the individual working with the family must feel comfortable in striking a balance between the rights and needs of parents and the right of parents to refuse services offered. Second, it takes considerable skill to overcome some of the barriers raised by families, particularly those who abuse or neglect their children. Common reactions include: a constant denial of the allegation, a denial of the allegation but willingness to "hint" at other problems, admission that a report of abuse and neglect is accurate "but everything is fine now," genuine fear that the child will be removed, and fear of legal consequences.

Perhaps the most critical aspect of the process of family evaluation is that the individual assessing the family's situation must have the willingness and capability to discern the potential for harm to a child. The interviewer must be careful not to participate in the family's typical response of denial of problems but must ask questions that lead to the best possible determination of the child's safety. At the same time, the interviewer must convey that it is all right to talk about "socially unacceptable" feelings, especially in the area of parenthood. Although the major objective of secondary and tertiary prevention is to strengthen families and keep them together, families should be made aware of temporary child placement services or other parenting relief services that can be made available. Individuals can become so eager to keep families together that they miss the message that parents may be trying to convey, that the parents need to be temporarily relieved of their parenting responsibility.

Achievement of needed change. An important ingredient in achieving secondary and tertiary prevention is to have a readily identifiable social institution to which families suspected of child abuse and neglect can be referred. This service institution must serve as a centralized focal point for determining the scope of a family's problems. It must be legally authorized and administratively prepared to intervene into family life and protect children on an involuntary basis if necessary. And, it must assume the responsibility for coordinating the delivery of preventive and treatment services so that this role is not placed on an already troubled family which cannot handle it. The Standards are based on the position that there should be only one social institution to which families suspected of child abuse and neglect should be referred or reported. This will help eliminate confusion about where societal responsibility resides. Further, the Standards are based on the premise that this one service institution should be the same in all States and communities so that today's transient families are consistently aware of their prime source of societal assistance.

The Standards in Chapter III have been developed on the basis that the State (and local) Department of Social Services (Public Welfare), with an administratively distinct and readily identifiable Child Protective Services Division, should have the primary responsibility for protecting children and assisting families. The Standards also assume that this Department, the State Child Protective Services Division, and the designated Local Units, will serve as the focal point for establishing and utilizing legally mandated or voluntarily organized State-wide and community-based multidisciplinary boards or councils to help coordinate the services needed by families.

There is ample legal precedent for designating the State Department of Social Services as the service institution to which families suspected of child abuse and neglect should be referred or reported. In most States this department has already been given primary responsibility for child abuse and neglect. In addition, through funding by Title XX of the Social Security Act, this Department has the capacity to develop purchase of service contracts with other service systems to assist in assessing a family's needs and providing prevention and treatment services (e.g., psychological evaluation services can be purchased from a mental health clinic).

Achievement of those changes needed in a family to prevent the occurrence or recurrence of child abuse and neglect requires that child protective services serve as an advocate and obtain the appropriate support and treatment service for the family. The Standards take the position that effective prevention and treatment of child abuse and neglect must be a coordinated interdisciplinary effort. A Local Child Protective Services Unit can provide some, but not all, of the services needed to strengthen families. Other services must be provided through referral to or purchase from other public and private agencies.

The services used most commonly to treat families in which child abuse and neglect has occurred and to strengthen high risk families can be grouped into seven major categories: advocacy services, support services, child and adolescent treatment services, adult treatment services, family treatment services, self-help and participation programs, and emergency services. Advocacy services, which are targeted directly toward alleviating the negative impact of situational factors on families, include: financial assistance and counseling; employment training and placement; housing assistance; health-related services such as family planning and counseling, public health nurse services and medical and dental examinations and treatment; legal services; transportation; and outreach programs. Support services are designed to reduce family stresses in those situations where parents are temporarily unable to care for their children, e.g., child care, homemaker, foster grandparent, and big brother/sister programs.

Child and adolescent treatment services are not as refined as adult services since therapeutic approaches have generally been focused on adult needs. Increasingly, however, attention is being devoted to the treatment needs of children and adolescents through such programs as: infant stimulation programs, play therapy, speech therapy, special education, individual child therapy and counseling, therapeutic day care, and adolescent group therapy. Adult treatment services include: individual counseling, individual professional and lay therapy, parent aides, visiting friends programs, marriage counseling, group therapy, parent education courses, and child development courses. Treatment services involving the entire family are also attracting increasing professional attention. Treatment approaches intended to help families work through conflicts and enhance their overall functioning include: family therapy, temporary residential care, and parent-child treatment centers.

Participation in self-help groups and participation in community activities are utilized to help improve individuals' self-image and to reduce their feelings of isolation. Participation activities include Parents Anonymous, and adult involvement in therapeutic nursery and pre-school programs.

Emergency services are designed to be available twenty-four hours a day, seven days a week in order to assist families who are experiencing some type of intrapersonal or situational crisis. The following are some of the emergency services which exist in various communities: emergency caretaker and homemaker services, crisis nurseries, emergency children's shelters, emergency foster homes, emergency family shelters, emergency financial assistance funds, and crisis hotlines.

The previously cited services are used in both voluntary and involuntary intervention into family life. However, there are several approaches that also have to be used when families refuse to accept services or when a child's safety and well-being must be protected by a societal agent. These include: court-ordered protective supervision, court-ordered placement, and court-ordered medical and psychological examinations and treatment. In some States a child deemed to be in danger or in need of medical attention can also be held in a hospital for a specified period of time, usually forty-eight to seventy-two hours, without parental consent.

It is obvious from the wide array of services currently being used singly or in combination to prevent and treat child abuse and neglect that fragmentation and duplication can easily occur when these services are provided to a family, particularly by multiple agencies. The possibility of fragmentation and duplication is compounded by the fact that there is a variety of structural arrangements and organizational settings through which the services are offered, e.g., private agencies, public agencies, hospitals, volunteer organizations, and self-help groups. Thus, the services ultimately provided to families depend on many factors: family and individual needs, the availability and accessibility of services, the service provider's philosophy concerning the underlying cause or causes of child abuse and neglect, and the skills and attitudes of the individuals who work with the family and its members.

If assessment is to result in a plan of action that takes into account the many factors that contribute to child abuse and neglect, there must be coordination, cooperation, collaboration, and communication among society's service systems. The existing literature on child abuse and neglect consistently and clearly cites the importance of an inter-disciplinary approach to prevention and treatment. This can be achieved only if service institutions, e.g., social services, mental health, physical health, education, courts, and law enforcement, determine their respective roles, define the services they can provide, establish clear case-acceptance criteria, and establish case referral linkages.

In order to overcome some of the existing problems in lack of coordination, fragmentation of treatment responsibilities, and conflicting treatment plans, the Standards recommend "the establishment of a State Child Protection Coordinating Committee and a Community Child Protection Coordinating Council." The major function of these coordinating groups is to ensure that necessary services are available and accessible to those families that need them and that the delivery of services to families is coordinated in a manner that decreases rather than increases confusion in the lives of families.

In addition, the Standards recommend that each Local Child Protective Services Unit assess its budgetary and staff resources and determine what treatment it can provide and for whom. For example, will the unit treat only those families in which child abuse and neglect has occured? Or, will treatment also be provided to high risk families? Whatever the outcome of this determination may be, written case-acceptance criteria and referral guidelines should be drafted and disseminated so that all community service providers know what treatment capabilities exist, where they exist, and why they exist. This does not mean that the Child Protective Services Unit should not retain responsibility for seeing that high risk families as well as abusing and neglecting families receive treatment. It may mean, however, that services actually will be furnished by other service agencies through formal purchase of service agreements or through case referrals.

Although assessing the needs of a family and its members is an on-going process, achieving the necessary changes for any given family begins with an organized plan, i.e., a case management or treatment plan. In order to prevent multiple and possibly conflicting plans being developed by each service provider, the Standards assign the responsibility of developing a comprehensive case management plan to the Local Child Protective Services Unit. It also is recommended that a local Multi-disciplinary Case Consultation Team be established to assist the Local Unit, as necessary, in determining treatment needs and identifying which services should be utilized.

The Local Child Protective Services Unit has the responsibility to monitor a family's progress. In situations where the family will not voluntarily utilize the services offered and where there is concern about a child's welfare, court involvement may be necessary to remove the child or to order that the services be accepted. The Local Child Protective Services Unit also investigates reports of suspected child abuse and neglect. The assistance of the police department may be necessary. For example, police assistance may be needed when forceable entry is indicated because the child is alone, when the child is in imminent danger because of the parents' condition, when criminal investigation is warranted, when the child or protective services worker needs protection, or when the parents refuse to allow a child to be removed even though a court order for removal has been issued.

Achieving needed changes through development of a treatment plan and provision of services is based on two assumptions in these Standards. First, a coordinated inter-disciplinary approach is needed to prevent and treat child abuse and neglect. Second, the needs of the family as a unit as well as the needs of each family member must be considered.

Goal Three: Society's Service Systems Can Prevent Child Abuse and Neglect by Enhancing Their Resources to Assist Families and Children

Resource enhancement can be defined as the process that: 1) identifies existing staff and program resources; 2) determines which resources are lacking or insufficient; 3) sets priorities on the resources according to identified need and available financing; 4) integrates these findings into plans of action; and 5) designates the responsibilities for implementation. The functions that must be performed to achieve the goal of preventing child abuse and neglect through resource enhancement are the same as those needed to achieve the Standards' other goals, i.e., recognition of the importance of resource enhancement, assessment of needed changes, and achievement of needed changes.

Recognition. Before resource enhancement can occur, there must be recognition of the need to improve, develop, and expand the services available to children, adults, and families. And, there must also be recognition of the importance of skill development among those who administer and deliver these services.

Although the State Department of Social Services has the primary responsibility for secondary and tertiary prevention, prevention through resource enhancement must be shared by all disciplines and service systems which have the potential to prevent and treat child abuse and neglect.

The recognition of the need for resource enhancement also involves the recognition by service providers that the quality of the services they deliver to families and children will depend in large measure on their ability to resolve some underlying issues common to all service systems. Some of these issues are internal to each service system (administrative, personnel, program development, financial). Other issues are external (public relations, political, community relations). Strategies and approaches developed to deal with these issues will significantly affect the services provided to families.

Although the importance of resource enhancement must be recognized by each individual service provider, it also must be recognized, assessed, and achieved in a coordinated manner. Thus, the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council must be a prime focus of resource enhancement efforts. The way in which responsibility is shared is not as important as the commitment by Committee and Council members to address common areas of concern, i.e., public awareness and education, professional education and training, establishment of collaborative relationships, research and evaluation, and joint planning for more effective and efficient delivery of services. It is not a question of which service provider has the most or least to offer. Rather, it must be recognized that each service provider can contribute to a coordinated effort to prevent and treat child abuse and neglect.

Assessment of needed changes. Once the importance of resource enhancement is recognized by the disciplines and service systems represented on the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council, it is necessary that the State Committee and the Community Council engage in the process of needs assessment by gathering and analyzing information and statistical data in the areas essential to resource enhancement. These areas include: gaps in and duplication of existing resources, State and community priority needs, strategies and approaches to resolve the internal and external issues which can affect implementation of enhanced resources, and baseline information for evaluating the effectiveness of subsequent changes. The assessment process should result in a plan of action that identifies the problem area (e.g., public awareness), possible solutions, preferred solutions, the role of each service system or discipline in implementing the solutions, and evaluation mechanisms.

Specifically, service providers must assess, individually and collectively, the changes that need to be made to enhance public awareness and education, and professional education and training.

As discussed in Goal Two, if child abuse and neglect is to be prevented, parents and children must feel that they can ask for needed help and they must know where they can obtain help. Likewise, society's service institutions and the individuals in them must be responsive to a request for help. Ideally, parents, children, and adolescents should feel that they can seek help from any service provider, i.e., medical, mental health, educational, law enforcement, or child protective services. Ideally, there should also be a commitment on the part of each of these service providers to respond to a request for help, and, if the problem is not within their area of concern or expertise, to refer the person to the service provider who can help. These ideals can become reality if service providers learn how to combine their skills and efforts. Thus, professional education and training needs to focus on shared planning for more effective and efficient service systems, on developing collaborative relationships between systems, and on forming case referral linkages.

The success of resource enhancement, however, also depends upon the resolution of some underlying issues that are common to all service providers. These issues can be grouped into seven areas: administrative, personnel, program development, financial resources, public relations, political, and working relationships. The following discussion focuses on the types of assessments that service providers may need to consider.

The prevention of child abuse and neglect cannot be achieved in the absence of administrative commitment to change those policies and practices which inhibit the effective delivery of services or that serve as barriers to improved coordination and cooperation. Given the tremendous complexities of programs designed to prevent and treat child abuse and neglect, good administration is a prerequisite if families and children are to be well served. Thus, each service provider must conduct a critical assessment of the ways in which its administration enhances or inhibits its functioning. In particular, the presence or absence of three key elements can have a profound impact upon any child abuse and neglect prevention and treatment effort. These are: (1) well-defined organizational goals to prevent and treat child abuse and neglect, measurable objectives, and policies which facilitate the achievement of objectives and goals; (2) clear lines of communication between the decision makers and staff and between one service provider and another; and (3) an easily identifiable and effective organizational context that promotes the delivery of services to families, adolescents, and children.

The ways in which personnel resources can be enhanced also requires careful assessment. A simple increase in the number of staff does not automatically mean better services to children and families. Doubling the staff does not guarantee that the services provided will be twice as good. Indeed, an increase in staff size can have a negative effect. The assessment of needed changes must therefore focus on what is needed to improve the quality of services provided by the staff.

Specifically, service systems should consider how the presence or absence of the following affect service delivery:

- Formal guidelines which establish minimum education and experience qualifications for hiring staff, supervisors, and administrators

- Established pre-service training which includes an orientation to policies and procedures, a clear delineation of individual responsibility, and an introduction to established linkages with other service providers

- In-service training which offers an opportunity to learn or improve skills and acquire new information. Such training should address how and when to work with other service providers, what to expect from other professionals and groups, and how to recognize and deal with stereotypes of their own and others' professions.

Administrative commitment and skilled personnel provide the basis for program development. Issues in program development that must be addressed include: whether to develop new programs or restructure existing programs, how to coordinate programs within and outside the department or agency, and how to review and evaluate departmental or agency performance. The approach that the Standards take is that active involvement by service systems on the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council can lead to a determination and implementation of resolutions to these issues.

Certainly the assessment of the availability of adequate financial resources is also critical to resource enhancement. As it is not always possible to increase existing sources of funding, better ways to use existing resources as well as potential new sources of funding must be explored. There are three areas that service providers may wish to assess as they address financial issues: (1) maximizing financial resources by coordinating funding available among several departments or agencies; (2) utilizing the Federal ceiling on funds available under Title XX of the Social Security Act, and (3) taking advantage of matching local funds (ten to twenty percent) with Federal funds (eighty to ninety percent).

How a service provider or program is perceived by the community it serves (i.e., its public relations) also has a tremendous impact on what that service provider can achieve in the way of resource enhancement. For example, social services agencies frequently suffer from a weak public image. Their programs, purposes, and functions may be poorly understood within the community and the staff may frequently be perceived as meddlesome and interfering, rather than as helpful. Social services agencies and all other service providers must assess: how their public relations can be improved; how they can correctly interpret their role to the general public, both in terms of what they can and what they cannot do; and how they can become recognized in the community as effective service providers. Not until such public relations issues are resolved can agencies expect to find the community support necessary to back their staffing and program needs.

Public relations can also assist a department or an agency in obtaining political support from the State and the community. Any social welfare issue, no matter how worthy, is political even though not partisan; the prevention of child abuse and neglect is no exception. When there is little political support or when specific programs are opposed, departments and agencies must assess how they can best expend or mobilize efforts to gain needed support. Client involvement and volunteer organizations' involvement in these efforts can also be critically important in obtaining political support.

Certain political activities, too, can have an impact on programs and services. Service providers should consider how to use means such as budget hearings and program reviews to inform political decision makers about agency operations, services, and programs. Such means may be used, for example, to point out the ramifications of the agency's identifying families in need of protective services, but failing to provide them with adequate treatment and follow-up services because of inadequate funding.

The last issue underlying resource enhancement involves the existence or non-existence of working relationships among various State departments and State agencies, between the State and local levels of operation, and among local service providers. Jurisdictional disputes, "turf battles", and professional jealousies can severely impede resource enhancement. However, improved coordination, cooperation, and feedback among various departments, agencies, and programs can produce working relationships that ultimately improve the quality of services for children and families. Resolution of this issue is, thus, well worth the time and effort it will take service providers to assess the changes needed to acquire good working relationships with each other.

Achievement of needed changes. To achieve needed changes, assessment findings must be integrated into plans of action with the responsibility for their implementation shared by various service providers and disciplines. Throughout the Standards, the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council are emphasized as the necessary vehicles to bring forth changes. The State Commitee and the Community Council, for example, can improve working relationships (an issue identified in "assessment of needed changes") among departments, agencies, and programs seeking to enhance resources in order to prevent child abuse and neglect. Another vehicle suggested in the Standards is the Multi-disciplinary Case Consultation Team. The review of a specific case of child abuse or neglect by different service providers represented on the team can facilitate a better understanding of how to share responsibility for providing treatment services to a family.

Resource enhancement may also be realized by the implementation of two mechanisms currently found in a number of States and also recommended in the Standards. These are child abuse and neglect reporting lines (operated on a State-wide, toll-free, twenty-four hour basis) and Central Registers. Reporting lines provide a central focus to facilitate reporting and assessment. A widely publicized reporting number can increase the likelihood that a child who is suspected as being abused or neglected will be identified and receive the intervention services required to protect him.

Most States currently maintain records of reported cases of suspected child abuse and neglect in Central Registers. Unfortunately, many Registers are not as useful as they could be. Some have no provision for expunging old or inaccurate information; some have incomplete information; and others are incapable of supplying any but the most elementary statistics. Despite the problems currently experienced in the operation of many Central Registers, the Standards take the position that properly planned and maintained Central Registers can be useful in achieving resource enhancement. For example, Central Registers can be used to measure the universe of problems and needs with which the child protective services system must deal. As a research tool, the Central Register can permit study of the incidence and patterns of child abuse neglect throughout the State. Finally, the Registry can serve as a means to monitor assessment and treatment progress.

The Standards for each service system presented in the next Chapter -- State Authority, Local Authority, Physical Health, Mental Health, Education, Courts and the Judicial System, Law Enforcement, and Residential Child Care Institutions -- identify additional and more specific approaches and procedures by which resource enhancement can be achieved.

CHAPTER III

REVISED FEDERAL STANDARDS ON THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

CONTENT OF CHAPTER III

It has been only in recent years that Federal and State governments and the public and private systems that serve families have directed concentrated efforts to preventing and treating child abuse and neglect. There is still much to be learned about the causes of child abuse and neglect and the most effective and efficient approaches to reducing the incidence of this social problem. Therefore, the Standards and Guidelines presented in Chapter III will change and evolve as our knowledge increases. There are no absolutes that can guarantee successful prevention and treatment of child abuse and neglect, and as such, the Standards are based upon existing "state-of-the-art" knowledge and assumptions. However, as currently written, the Standards serve to establish good practice baselines from which future improvements can systematically evolve.

Chapter III acknowledges and promotes the different prevention, treatment, and resource enhancement activities that each system can undertake to ameliorate the problem of child abuse and neglect. It is important, however, for individual service systems not to lose sight of the following basic objectives, shared by all service systems, which are to:

- Provide sound administration and management in prevention, treatment, and resource enhancement
- Reduce the incidence of child abuse and neglect through prevention efforts
- Encourage parents who need help in meeting their child care responsibilities to seek help voluntarily
- Treat or facilitate the treatment of identified "high-risk" children as well as abused and neglected children and their families or caretakers
- Assist Local Child Protective Service Units in fulfilling their child protection responsibilities

- Build staff skills
- Protect the rights of those being served
- Work with other service systems to expand and enhance resources through such means as public education, research, and evaluation.

Chapter III also proposes that these basic objectives can be most effectively realized by service systems when they have:

- Well-defined organizational goals with measurable objectives and policies which facilitate achievement of the Standards
- Clear lines of communication between decision-makers and line staff, and among service providers
- Identifiable organizational contexts that promote service delivery to abused and neglected children and their families or caretakers
- Coordination among service providers which includes: the determination of respective roles; definition of services to be provided; case acceptance criteria; case referral linkages; shared planning; and continued collaborative relationships
- Guidelines for staff hiring (specified education and experience qualifications); pre-service training (policies, procedures, responsibilities, linkages); and in-service training (improvement of skills and receipt of information on improved approaches)
- Funds directed specifically for child abuse and neglect prevention, treatment, and resource enhancement efforts.

Shared objectives and common approaches to reaching these objectives represent themes that are expressed throughout Chapter III. Each service system (and each individual) can in some way make unique and valuable contributions to the prevention and treatment of child abuse and neglect.

ORGANIZATION OF CHAPTER III

Chapter III is presented in eleven sections. The first three sections, STATE LAW, LEGAL RIGHTS, and RESEARCH AND EVALUATION, appear on pages III-4 to III-42 and are intended for all readers of this document. The remaining eight sections present Standards applicable to a reader's specific interest or discipline. These are:

STATE AUTHORITY (State Child Protection Coordinating Committee and the State Department of Social Services), p. III-43 to III-75

LOCAL AUTHORITY (Community Child Protection Coordinating Council and the Local Social Services Agency, including Child Protective Services), pp. III-76 to III-116

THE PHYSICAL HEALTH SYSTEM, pp. III-117 to III-134

THE MENTAL HEALTH SYSTEM, pp. III-135 to III-155

THE EDUCATIONAL SYSTEM, pp. III-156 to III-174

COURTS AND THE JUDICIAL SYSTEM, pp. III-175 to III-194

THE LAW ENFORCEMENT SYSTEM, pp. III-195 to III-218

THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT, pp. III-219 to III-250

The Standards are organized in separate Sections to make them easier to use. For example, a reader primarily concerned with the roles and responsibilities of a mental health agency in preventing and treating child abuse and neglect only needs to study in detail the first three Sections pp. III-4 to III-42 and the Section, THE MENTAL HEALTH SYSTEM, pp. III-135 to III-155.

The last eight Sections, each concerned with a specific service system, are organized under three major headings. The first heading, Administration and Management, addresses the administrative and managerial context upon which all of the subsequent Standards in that Section are based. The subsequent Standards are then grouped according to Prevention and Treatment and Resource Enhancement as these concepts apply to the particular service system.

Although implicit rather than explicit, there is further delineation within the Standards. Prevention and Treatment Standards are arranged, whenever appropriate, in the order of primary, secondary, and tertiary prevention. Further, the Guidelines under each Standard are sequenced in terms of their purposes of recognition, assessment, and achievement of necessary changes. Thus, the presentation of the Standards relates directly to the overall goals of this document as discussed in Chapter II.

In addition, some Standards require commentary, i.e., when there are factors that need to be considered in order to implement the Standard's intent and scope. In these instances, a commentary follows the Standards and Guidelines. Finally, throughout this document, all words specifying the masculine gender are meant to imply the feminine as well.

SECTION A: STANDARDS ON STATE LAW

(Applicable to All Service Systems)

Current statutory responses to the problem of child abuse and neglect vary greatly in their comprehensiveness. All 50 States and the District of Columbia have enacted statutes requiring that physical abuse of children be reported to a designated State agency or official. Forty-seven States have similar laws regarding child neglect. Many of these reporting laws, however, are limited in scope and consequently are limited in their impact on the prevention and treatment of child abuse and neglect. The situation is further complicated by the fact that child abuse and neglect may be treated under several different sections of State law (e.g., criminal laws, reporting statutes, juvenile or family court laws), each of which may be different in terms of definition, scope, and application. This section of the Standards, therefore, emphasizes the importance of States' adopting a comprehensive child abuse and neglect law.

The major purposes of such a law, as presented in this section, are to:

- Provide a single definition of child abuse and neglect to promote uniformity in terms and definitions
- Specify the conditions under which the State intervenes into family life
- Specify reporting requirements and procedures both for those persons mandated to report and those persons encouraged to report
- Encourage a therapeutic and treatment-oriented approach to child abuse and neglect, rather than a punitive approach
- Designate the administrative structures with primary responsibility for child abuse and neglect
- Encourage coordination and cooperation among all disciplines which deal with abused and neglected children.

SECTION A: STANDARDS ON STATE LAW

STANDARDS ON STATE LAW

STANDARD A-1

THE STATE LAW SHOULD DEFINE CLEARLY CHILD ABUSE AND NEGLECT

Guidelines

- Use a single conceptual framework in defining an abused or neglected child, i.e., a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare
- Define terms in State Law as follows:
  - (1) child: a person under the age of 18
  - (2) harm includes:
    - (a) physical, emotional, or mental injury, including physical injury resulting from otherwise lawful corporal punishment which becomes unlawful when it disfigures, impairs, or harms the child's body
    - (b) sexual offense, whether assaultive or non-assaultive, accomplished or attempted (and as defined in other State statutes)
    - (c) failure to supply the child with adequate food, clothing, shelter, education (as defined by other State statutes), or health care, though financially able to do so or offered financial or other reasonable means to do so. (Adequate health care includes any medical or non-medical remedial health care permitted or authorized under other State statutes)
    - (d) abandonment of the child, as defined by other State statutes
    - (e) failure to provide the child with adequate care, supervision, or guardianship
  - (3) threatened harm: a substantial risk of harm including any reasonably foreseeable danger to a child's physical, mental, or emotional health or welfare
  - (4) a person responsible for a child's welfare: the child's parent; guardian; foster parent; an employee of a public or private residential child care institution, or agency; or other person legally responsible for the child's welfare
  - (5) physical injury: death, disfigurement, impairment, or other forms of harm to the child's body
  - (6) mental injury: an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his ability to function within a normal range of performance and behavior, with due regard to his culture

(7) institutional child abuse and neglect: situations of known or suspected child abuse or neglect where the person allegedly responsible for the abuse or neglect is a foster parent or the employee of a public or private residential child care institution or agency; or situations where the suspected abuse or neglect occurs as a result of such institution's practices, policies, or conditions

(8) subject of the report: any child, parent, guardian, or other person responsible for the child's welfare, who is identified in a report of child abuse or neglect

(9) unfounded report: a report made pursuant to State Law for which there is no probable cause to believe that the child is abused or neglected

(10) probable cause: facts and circumstances based upon as accurate and reliable information as possible that would justify a reasonable person to believe that a child is abused or neglected. Such facts and circumstances may include evidence of an injury or injuries, and the statements of a person worthy of belief, even if there is no present evidence of injury

(11) immediately: without delay, which does not necessarily mean instantaneously, but rather connotes a reasonable time, in view of the facts and circumstances involved in a particular case of suspected abuse or neglect

- Include an exception to ensure that a parent or guardian, legitimately practicing his religious beliefs, who does not provide specified medical treatment for a child is not considered a negligent parent or guardian for that reason alone

- Omit the following terms or requirements from the State Law:

  (1) the word "serious" preceding physical or mental injury
  (2) the term "moral supervision or guardianship"
  (3) any requirement that there must be physical evidence of injury in order to determine that abuse or neglect has occurred

Commentary

The following comments clarify some of the terms and recommendations contained in this Standard. "Threatened harm," (second Guideline, (3) as established by a test of "substantial risk," creates a high burden of proof in determing whether abuse or neglect may occur in the future. The definition connotes a strong possibility, as contrasted with a remote possibility. "Threatened harm" is not necessarily synonymous with a verbal "threat of harm." For example, a parent's declaration to a child such as "I could kill you" does not constitute threatened harm unless there is a substantial risk that the parent may actually carry out the threat.

The third Guideline, (1), states that the word "serious," which precedes the term "physical injury" in some State reporting laws, should be omitted. Potential identifiers of child abuse and neglect should be concerned with all injuries, not just serious ones. It is impossible to legislate all the gradations of concern, especially since "non-serious" injuries, if unreported, may lead to "serious" injuries. "Serious" can mean anything from a slight bruise to death; its ultimate meaning depends on the circumstances of the case, including the age of the child (the younger the child, the more serious the same injury) and the location of the injury (an injury to the head or the genitalia is ordinarily more serious than an injury to an extremity). The test should be whether the child is "harmed" or threatened with harm. Hence, the significance of the injury must be left to the good judgment of those involved.

Finally, many States use the phrase "moral supervision or guardianship." Concepts of "sexual morality" should be omitted in a State's definition of child abuse and neglect. The sexual values and practices of parents should serve as a basis for child protective intervention only when they harm or threaten to harm a child's health or welfare.

STANDARD A-2

THE STATE LAW SHOULD DESIGNATE THE STATE DEPARTMENT OF SOCIAL SERVICES AS THE DEPARTMENT WITH PRIMARY RESPONSIBILITY FOR CHILD ABUSE AND NEGLECT PREVENTION, IDENTIFICATION, AND TREATMENT EFFORTS

Guidelines

- Require the State Department of Social Services (State Department) to establish a State Child Protection Division (State Division)*

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* The draft of the Model Child Protection Act (H.E.W., August, 1977) uses the phrase, "statewide child protection center"; for purposes of this document, the "center" is entitled, State Child Protection Division.

- Require the State Department to establish or designate Social Services Agencies with specialized Child Protective Services Units (Local Units) in each regional or local jurisdiction
- Encourage the State Department to coordinate its activities and cooperate with other service delivery systems

Commentary

This Standard emphasizes three points: (1) a single agency should be designated as having prime responsibility for child abuse and neglect prevention and treatment efforts, in order to reduce fragmentation of resources and confusion of efforts; (2) this single designated agency should be the State Department of Social Services because of its treatment and rehabilitative orientation; and (3) the State Department should coordinate its prevention and treatment efforts with those of other service delivery systems since child abuse and neglect is multidimensional and requires the skills and expertise of many professionals.

Nineteen states have already designated a social services agency as the sole recipient of reports, thus recognizing the need to reduce fragmented reporting efforts and to provide a nonpunitive response to reports of suspected child abuse and neglect. In addition, 26 States designate a social service agency as one of the agencies authorized to receive reports.

STANDARD A-3

THE STATE LAW SHOULD PROVIDE FOR THE RECOGNITION OF CHILD PROTECTIVE ORDERS ISSUED BY INDIAN TRIBAL COURTS

Guidelines

- Require that the State Department of Social Services acknowledge the authority of Indian tribal courts when the latter have legal jurisdiction over a Native American Indian child and provide services as appropriate to these courts, just as to State courts

- Require that child protective court orders from competent Indian tribal courts be both handled in the same manner and honored to the same extent as court orders from any other court of competent jurisdiction

Commentary

The mobility of our American population makes it important to recognize and anticipate that parties before the court may have been involved in proceedings in another jurisdiction. The intent of this Standard is to prevent forum shopping and to ensure the availability of protective services to all children and families residing within every jurisdiction in the State.

STANDARD A-4

THE STATE LAW SHOULD ESTABLISH REPORTING REQUIREMENTS FOR SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Designate persons who are mandated to report as: any physician, resident, intern, or hospital personnel engaged in the admission, examination, care, or treatment of children; nurse, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, Christian Science practitioner, religious healer, or any other health or mental health professional (including any psychiatrist, marriage counselor, psychologist); school principal, school teacher, pupil personnel worker, or other school official; social worker; child day care center worker or other child care staff including foster parents, residential care or institutional personnel; peace officer or other law enforcement official; judge, attorney, referee, magistrate, probation and parole officer, court intake officer, clerk of the court, bailiff, or other judicial system official
- Require that a person mandated to report who suspects abuse or neglect and who is a staff member of a medical or other public or private institution, school, facility, or agency:

(1) immediately (without delay) notify the person in charge, or his designated agent, of the suspected abuse or neglect

(2) make a report to the State Department of Social Services unless the person in charge or his designated agent has already made a report or will make one immediately

- Permit all other individuals, including those who wish to remain anonymous, to make reports

- Establish that the basis of a report be a "reasonable cause to suspect" that a child has been harmed or threatened with harm rather than a "reasonable cause to believe," i.e., a reporter does not have to be certain that a child is abused or neglected in order to make a report

- Abrogate (eliminate) the privileged quality of communication between husband and wife and all professional persons and their clients or patients for purposes of making a report, cooperating with the Local Child Protective Services Unit, or giving evidence in court proceedings, with one exception; i.e., an attorney representing a client who is alleged to have abused or neglected a child

- Provide immunity from civil liability and criminal prosecution to all persons or institutions reporting, in good faith, known or suspected instances of child abuse and neglect or taking other protective actions authorized by law

- Establish a misdemeanor penalty and civil liability for damages caused by any person, official, or institution mandated to report a case of known or suspected child abuse and neglect who knowingly fails to do so or willfully prevents someone else from doing so

- Provide that any person or official mandated to report suspected child abuse or neglect may take, or cause to be taken without the parents' permission, photographs of the areas of trauma visible on a child who is subject to a report, and, if medically indicated, cause to be performed a radiological examination of the child:

  (1) require that the person in charge of a medical or other public or private institution, school, or facility take or arrange to have taken color photographs of visible trauma, and, if medically indicated, x rays

(2) provide for the eventual destruction of photographs and x rays if a report of suspected abuse or neglect is determined (judicially or otherwise) to be unfounded

- Require that certain information be included in all reports of suspected child abuse and neglect to facilitate assessment, as well as facilitate State-wide collection and comparison of data. Such information should include:

  (1) the names and addresses of the child and his parents or others responsible for his care
  (2) the child's age, sex, and race
  (3) family composition
  (4) the nature and extent of the child's abuse or neglect
  (5) previous abuse or neglect of the child or his siblings, if known
  (6) the name, age, and address of the person alleged to be responsible for the child's abuse or neglect, if known
  (7) the source of the report
  (8) the name and address of the person or institution making the report, and where the reporting source can be reached
  (9) the actions taken by the reporting source, including:
    (a) the taking of color photographs and/or X rays
    (b) removing the child from his home
    (c) notifying the coroner or medical examiner
    (d) any court actions

- Require the State Department of Social Services (through the State Division), and permit others, to notify the medical examiner or coroner of a child's death if there is reasonable cause to suspect that the child has died as the result of child abuse or neglect

- Specify that the medical examiner or coroner should investigate the report of a child who may have died as a result of abuse or neglect and give his findings, in writing, to the local law enforcement agency, the appropriate district attorney, the Local Child Protective Services Unit, and, if the institution making the report is a hospital, the hospital

- Specify that the Local Child Protective Services Unit notify the appropriate district attorney when abuse or neglect is suspected: (1) in any case involving death of a child, or (2) in any case in which a felony is also suspected, for which the penalty prescribed by law is not less than five years imprisonment

- Make confidential all reports of known or suspected child abuse and neglect, and all records generated as a result of such reports, which could serve to identify a subject of the report (such as name, address); and establish a misdemeanor for permitting, assisting, or encouraging the unauthorized release of any information contained in such reports or records

- Provide for disclosure of information contained in the reports or records to the following authorized persons, officials, or agencies:

  (1) a local child protective service in the furtherance of its responsibilities under State Law; a police or law enforcement agency investigating a report of known or suspected child abuse or neglect; a physician who has before him a child whom he reasonably suspects may be abused or neglected; a person legally authorized to place a child in protective custody when such person requires the information in the report or record to determine whether to place the child in protective custody

  (2) an agency having the legal responsibility or authorization to care for, treat, or supervise a child or a parent, guardian, or other person responsible for the child's welfare who is the subject of a report

  (3) except in regard to harmful or detrimental information, any subject of the report; if the subject of the report is a minor or is otherwise legally incompetent, the guardian of the person or his guardian _ad litem_

  (4) a court, upon its finding that access to such records may be necessary for the determination of an issue before such court; however, such access is to be limited to _in camera_ inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it; a grand jury, upon its determination that access to such records is necessary in the conduct of its official business

  (5) any appropriate State or local official responsible for administration, supervision, or legislation in relation to the prevention or treatment of child abuse or neglect when carrying out his official functions; any person engaged in _bona fide_ research or audit purposes; provided, however, that no information identifying the subjects of the report shall be

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> made available to the researcher unless it is absolutely essential to the research purpose, suitable provision is made to maintain the confidentiality of the data, and the head of the State Department or Local Agency gives prior written approval. The head of the State Department shall establish, by regulation, criteria for the application of this subdivision

Commentary

The following comments are intended to clarify the last Guideline on disclosure of information. The first group, (1), of professionals and officials given access to child abuse and neglect records are those who must often make immediate diagnostic and assessment decisions -- child protective workers, law enforcement officials, physicians, and other persons authorized to place a child in protective custody. For instance, a doctor or nurse seeing a bruised or emaciated child in a hospital emergency room must determine not only whether the child is abused or neglected (in order to decide whether to report) but must also decide whether the child should be allowed to return home. One part of their dilemma is the possible risk to the child between the time the parents take the child home and the protective worker's first visit; an equally serious problem, particularly for urban hospitals, is that the child and family may disappear into the anonymous city.

Theoretically, any person who is called upon to decide whether a child is abused or neglected would find information about prior suspicious occurrences and prior treatment helpful in reaching a decision. For this reason, a number of States give all persons who are required to report access to central register and other child protective records. However, guarding against unauthorized disclosure of information when such a large number of strangers is involved is all but impossible. More importantly, such enormous and widespread access to personal and family data unreasonably compromises the right to privacy of the children and families involved. There is also a danger that many of those who would be given such information might not know how to use it; i.e., a potential reporter may allow the presence or absence of a prior record to inordinately influence his actions.

In regard to (2), child protective records are to be made available to treatment agencies, such as foster care agencies, on the ground that a clear picture of family history is essential to successful treatment planning.

And, point (3) reaffirms the right of any child reported to the register and his parents or other person responsible for his welfare to have access to the report because they have a right to know what allegations are on record concerning them, and only if they know what is in the record can they pursue their legal rights to have the record amended, expunged, or removed from the register.

Point (4) reflects the fact that courts and grand juries often need child protective records in their deliberations. Extra protection is provided by the requirement that the court's inspection is to be "in camera," that is, in private. If the court determines that the record is a necessary element of evidence, it will then be introduced into evidence. Grand jury proceedings are confidential in all States.

Finally, point (5) serves to guarantee that legitimate policy planning, accountability evaluation, research, and audit efforts are not stymied by the otherwise blanket rule of confidentiality.

STANDARD A-5

THE STATE LAW SHOULD ESTABLISH REPORTING PROCEDURES FOR SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Require the State Department which has primary responsibility for social services (hereafter referred to as the State Department of Social Services) to:

  (1) establish a single, State-wide,*toll-free number to operate 24 hours per day, seven days per week in order to facilitate reporting
  (2) provide for 24 hour receipt and evaluation of reports of suspected child abuse and neglect, which includes:
    (a) requiring the worker answering the call to take immediate steps to protect the health and safety of the reported child, as well as other children under the same care who may be in danger, by:
      (i) obtaining sufficient reporting data
      (ii) immediately transmitting the data to the appropriate Local Child Protective Services Unit for assessment

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*For communities of sufficient size, consideration may be given to operating a county hot line.

(b) monitoring the Local Unit's substantiation of the accuracy of the report

- Provide for receipt of reports of known or suspected institutional child abuse or neglect in the same manner as all other reports
- Require a written report in addition to an oral report from persons mandated to report

Commentary

The State Department of Social Services should recognize that close coordination with law enforcement reporting systems may serve as an effective combination of resources and expertise. This could be particularly advantageous in those States where the Local Unit's responses are hindered by distances (such as large, sparsely populated areas), small staff, and legal constraints (lack of authority by child protective services workers to exercise protective custody). Such coordination could also facilitate preparation of a case requiring the court's intervention.

With respect to the last Guideline, it should be emphasized that a written report, particularly from a person mandated to report, protects him from any subsequent distortion of the information verbally reported, as well as provides the opportunity for him to add relevant information to his original report. In addition, the written report provides added assurance that the initial oral report will be assessed by the Local Child Protective Services Unit.

STANDARD A-6

THE STATE LAW SHOULD DESIGNATE THE PERSONS WHO HAVE THE POWER TO EXERCISE PROTECTIVE CUSTODY, AND DEFINE THE CONDITIONS THAT MUST EXIST AND THE PROCEDURES THAT MUST BE FOLLOWED IN EXERCISING PROTECTIVE CUSTODY AUTHORITY

Guidelines

- Define protective custody as taking custody of the child without consent of the person responsible for his welfare and without prior court approval

- Designate officials who may exercise such authority as:

  (1) police or law enforcement officers
  (2) physicians treating the child
  (3) child protective services workers (optional)

- Set conditions for the exercise of protective custody as follows:

  (1) the designated official has reasonable cause to believe that an imminent danger to the child's life or safety exists
  (2) there is no time to apply for a court order
  (3) there are no alternate means to alleviate the imminent danger; "alternate means" may include:
    (a) providing medical, educational, psychiatric, psychological, homemaking, or similar services to the child, his parents, or other persons responsible for his welfare
    (b) allowing child protective services workers or other appropriate persons to assess the situation and provide services
  (4) the person responsible for the child's welfare is unavailable, or has been asked and does not consent to the child's removal from his custody

- Require that a court hearing be held on the first court day following the exercise of protective custody:

  (1) court to appoint an attorney as a guardian ad litem to represent the child
  (2) Local Child Protective Services Unit may recommend that it accept responsibility for assessing the child's situation, or recommend a law enforcement assessment of a situation in which a felony is also suspected

(3) court may order the Local Child Protective Services Unit to assess the child's situation

- Define placement requirements when the child is taken into protective custody:

  (1) cannot be a jail or a facility used for the detention of criminal or juvenile offenders
  (2) preferable placement options should be a family foster home, or a group home

- Require person taking the child into protective custody to notify Local Child Protective Services Unit immediately

- Require that the person responsible for the child's welfare receive, within 24 hours after the child is placed in protective custody, written notice which includes:

  (1) reason for the removal
  (2) name, address, and telephone number of the officials with whom the parent or other person responsible for the child can discuss placement details and visiting arrangements
  (3) date, time, and place of the court hearing
  (4) right of the parent or other person responsible for the child to consult legal counsel and, if appropriate, the right to be assigned counsel by the court

- Empower, when there is probable cause to suspect abuse or neglect, person in charge of a hospital or similar medical institution to retain custody of a child suspected of being abused or neglected until the next court day, and further establish that:

  (1) imminent danger to the child need not exist
  (2) additional medical treatment for the child need not be required
  (3) consent from the person responsible for the child's welfare is not necessary

Commentary

The second Guideline empowers law enforcement officers, certain physicians, and child protective services workers (if so designated) to take a child into protective custody without the parents' consent and without prior court order. In most States, the police are already authorized to place children in protective custody, either through specific child protection legislation or through general law enforcement powers. Despite the fact that child protection workers make the key, initial decisions about the handling of cases, about the need for treatment, and about the advisability of court action, some observers feel that direct authority to remove a child will unduly hamper their efforts to develop trusting treatment relationships with families. However, some States may wish to consider granting protective custody powers to child protection workers in recognition of their prime decision-making responsibility in most abuse and neglect cases.

The third Guideline seeks to reduce the danger of careless (although well-meaning) exercise of the power to place a child in protective custody. In all situations, the preferred method of removing a child from his home against the wishes of the parents is through a court order. Under this Guideline, not only must the child be in imminent danger, but protective custody must be the only alternative available to alleviate the danger. In addition, there must be no time to apply for a court order.*

The third Guideline also establishes a further limitation on the power to exercise protective custody: unlike the requirement

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*These requirements are similar to those found in the consent agreement filed with the United States District Court for the Eastern District of Virginia in 1975 in the case of *Ives v. Jones* (Richmond Division, Civil Action No. 75-0071-R). The suit resulted from a case in Richmond in which a baby girl was removed from her parents' custody by an order entered in the Richmond Juvenile Court at the request of the Richmond Welfare Department, without a prior hearing and without a judicial hearing until six weeks after the removal was effected. The consent agreement established that a child could not be removed from the custody of parents or legal custodians without a prior hearing unless the child was subjected to an "imminent threat to life or health to the extent that delay for the provision of a prior adversary hearing would be likely to result in severe and irremediable injury to the child's life or health." The agreement further provided that no child should be removed from the care and custody of his parents or guardian where there exists an "*alternative less drastic than removal which could reasonably and adequately protect the child's life or health pending the provision of an adversary hearing*" (emphasis added). Two additional requirements were established in the consent agreement: (1) when a court orders removal of a child, the preferred placement of the child should be in the home or custody of the nearest of kin or a personal friend of the child or the parents; and (2) if emergency removal is effected, an adversary hearing must be held within five calendar days from when the child was removed.

that reasonable *suspicions* be reported (Standard A-2, fifth Guideline), the person taking a child into protective custody must have reasonable cause to *believe* that the child is in imminent danger.

The eighth Guideline authorizes what is known as the "24 hour hold" by hospitals and similar medical institutions. This authority is much broader than that authorized in the third Guideline, since "imminent danger" need not exist. However, only the person in charge can place a child in protective custody. This is designed to give hospitals and similar institutions a flexible tool to deal with what they believe may be a potentially explosive or dangerous home environment. Frequently, for example, hospital staff have reason to be concerned about the safety of a child with suspicious injuries. In addition, they may be unsure of the child's real name or address, or they may fear that the parents will flee before a child protective services worker can make a home visit. These situations often arise in the middle of the night when outside guidance and assistance are difficult to obtain. But, because of the radical nature of the "24 hour hold", it lasts for a very short time. As its name implies, the child can be held, without a court order, only until the next day. By that time, the other components of the community's child protection system should be available to assess the situation.

STANDARD A-7

THE STATE LAW SHOULD REQUIRE THAT ALL RESIDENTIAL CHILD CARE INSTITUTIONS BE LICENSED AND/OR APPROVED, MONITORED, AND EVALUATED IN ORDER TO PREVENT CHILD ABUSE AND NEGLECT

Guidelines

- Include a provision that requires the appropriate State or county licensing agencies to monitor, evaluate, and inspect child care institutions on an annual basis
- Authorize sufficient funds and staff so that the assigned functions can be performed

- Require agencies placing children to: conduct an independent inspection of a child care institution prior to a child's placement; obtain detailed information concerning the treatment programs; establish contact with out-of-State licensing agencies (if the child is to be placed out-of-State) to ensure that the institution's license has not been revoked; and monitor and evaluate the care received by the child at the institution after placement

Commentary

Licensing is only a first step, although an important one, in guaranteeing that institutions fulfill their responsibilities to children. In some States, the fact that an institution has been granted a license does not mean that licensing requirements are enforced, that the institution's treatment program has been evaluated or, for that matter, that the institution has a treatment program. This Standard was developed because of disclosures that physical and emotional harm, unnecessary and inappropriate punishment, involuntary servitude, excessive physical and pharmacological restraints, and interference with personal privacy do occur in residential child care facilities.

It is hoped that this Standard's requirement that all residential child care institutions be licensed, monitored, and evaluated regularly will protect children's rights to care and treatment appropriate to their needs, in the least restrictive setting.*

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* Dixon v. Weinberger, 405 F. Supp. 974 (D.D.C. 1975)

STANDARDS ON STATE LAW

STANDARD A-8

THE STATE LAW SHOULD REQUIRE THAT AN INDEPENDENT STATE AGENCY INVESTIGATE REPORTS OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

Guidelines

- Authorize the State Department of Social Services to designate the Independent State Agency

- Establish the functions of the Independent State Agency as:

  (1) assessment of reports of suspected institutional child abuse and neglect
  (2) assessment of needs of children residing in institutions

- Mandate that the designated Independent State Agency be administratively separate from the institutions allegedly involved in child abuse or neglect, although it may be an extension of an existing State Department

- Provide that if the Independent State Agency is designated to be an extension of an existing State Department, it is not to assess reports of child abuse and neglect within institutions operated by its own sponsoring State Department; an alternative agency must be assigned to assess those reports

- Require that the Independent State Agency work with the State Child Protection Coordinating Committee (Standard A-9) to determine or establish:

  (1) procedures for receiving reports of suspected institutional child abuse and neglect
  (2) data to be submitted for inclusion in the Annual State Plan on Services for Children and Families, and in the Annual Report on Child Abuse and Neglect Prevention and Treatment (Cross-reference to STATE AUTHORITY, pp. III-55 to pp. III-57)
  (3) other responsibilities and procedures

STANDARDS ON STATE LAW

Commentary

This Standard addresses the need for the State Law to authorize the formation of an Independent State Agency to assess reports of institutional child abuse and neglect and to be concerned about the needs of all institutionalized children as well. It is estimated that there are one-half million children who are wards of the State, and who are placed by the State in public and private institutions. In addition, there are an unknown number of children placed directly in institutions by their parents.

Children placed in institutions include those who are retarded, physically handicapped, emotionally disturbed, learning disabled, delinquent, abused, neglected, and/or in need of supervision. Unfortunately, there have been many reports regarding institutions' conditions and practices that cause concern for the institutionalized child's welfare.

The Independent State Agency, as envisioned in this Standard, would be administratively separate from those State departments that now have responsibility for the operation of residential child care institutions. However, the Independent State Agency could be housed within an existing State department as long as it has the authority to perform its functions independently of that department. The rationale for administrative separation stems from two overall objectives:

(1) to prevent a department from assessing itself when abuse or neglect occurs within an institution it operates
(2) to encourage the development of a strong system of external accountability by institutions.

In addition, it should be noted that the Independent State Agency can become a focal point for coordination of all institutions within the State, and advocate for institutions' needs. Also, it is envisioned that such a role will enhance the welfare of institutionalized children by promoting awareness of their specialized needs and by providing information regarding the type of problems that children have that require an institutional setting.

STANDARDS ON STATE LAW

STANDARD A-9

THE STATE LAW SHOULD REQUIRE THAT A STATE CHILD PROTECTION COORDINATING COMMITTEE (STATE COMMITTEE) BE FORMED TO STRENGTHEN THE STATE'S EFFORTS TO PREVENT AND TREAT CHILD ABUSE AND NEGLECT*

Guidelines

- Establish procedures and criteria for selection, tenure, and reimbursement of committee members, and for the number of members to serve on the committee

- Designate the Head of the State Department of Social Services as the official empowered to appoint members to the State Committee

- Require representation from State Departments or agencies that provide or are concerned with human services related to the prevention, identification, or treatment of child abuse and neglect, such as:

  (1) representatives from the State Department of Social Services and other State departments (or their equivalents) such as Public Health, Mental Health, Mental Retardation, Education, Police, Attorney General, Youth Services, Public Affairs, Juvenile or Family Courts, and the Independent State Agency
  (2) representatives from the disciplines mandated to report cases of suspected child abuse and neglect
  (3) representatives from private organizations and volunteer groups
  (4) concerned citizens and consumer representatives

- Establish that the basic objectives of the Committee are to:

  (1) assist the State Department of Social Services in the prevention and treatment of child abuse and neglect
  (2) promote and enhance coordination and cooperation
  (3) convene task forces and/or subcommittees to focus on such areas as legislation, planning, research,

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* The draft of the Model Child Protection Act (H.E.W., August, 1977) uses the phrase, "state child abuse and neglect coordinating committee", for purposes of this document, the "committee" is entitled State Child Protection Coordinating Committee.

and evaluation, multi-disciplinary teams, budget, and the Central Register

(4) assist in the establishment of the Independent State Agency which is to assess reports of institutional child abuse and neglect

(5) encourage communities to form Community Child Protection Coordinating Councils (See Standard E-5)*

(6) submit to the Governor and State Legislature an "Annual Report on Child Abuse and Neglect Prevention and Treatment"

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* The draft of the Model Child Protection Act (H.E.W., August, 1977) uses the phrase, "community child protection advisory board"; for purposes of this document, the "board" is entitled Community Child Protection Coordinating Council.

SECTION B: STANDARDS ON LEGAL RIGHTS

SECTION B: STANDARDS ON LEGAL RIGHTS

(Applicable to All Service Systems)

Each service system concerned with child abuse and neglect prevention and treatment efforts must be knowledgeable of the legal rights of:

- All individuals identified in child abuse and neglect reports
- All individuals served by the system
- All employees.

Further, each service system must be knowledgeable of the legal rights (and inherent responsibilities) of other service systems.

There are three important areas that underlie this section and are reinforced in subsequent sections. First, administrative policies and procedures of each service system should support the rights of individuals working within or served by the system. Second, each service system should make a concerted effort to inform all individuals of their legal rights. And, third, service systems (as well as private citizens) should be committed to ensuring that the legal rights described in this section are enforced. In regard to the third point, it must be emphasized that abstract or philosophical descriptions of rights are meaningless unless these rights are protected and safeguarded in practice. Therefore, it is the responsibility of each service system to inform individuals in the child protection process of their legal rights and to assist them in ensuring that these rights are respected and enforced.

The following Standards present the legal rights of those involved in a child abuse and neglect situation and the actions necessary to protect the rights of children, caretakers, practitioners, and other concerned individuals.

STANDARD B-1

ANY PERSON ALLEGED OR FOUND TO HAVE ABUSED OR NEGLECTED A CHILD SHOULD BE INFORMED OF HIS LEGAL RIGHTS BY THE INTERVENING AUTHORITY

Guidelines

- Right to receive within 60 days, from the State Department of Social Services (or from the Local Social Services Agency), written notice of the existence of any record identifying the person that is included in the State's Central Register. Written notice should state:

(1) the length of time that the record will be maintained in the Central Register or other files
(2) the appeal actions that are available to the person with respect to such record(s)

- Right to refuse services offered by any agency, unless such services are mandated by a court

- Right to consult legal counsel at any stage of an agency's child protection assessment or treatment process

- Right to a court hearing prior to removal of the child, except when temporary protective custody authority is exercised

- Right to be served with actual written notice issued by the court of any petition filed or any court order. Notice of court orders is to be served as soon it is issued. Notice of court hearings is to be served ten days prior to the hearing unless said notice is waived, or a protective custody emergency exists. The notice should set forth:

  (1) the facts alleged
  (2) the names and addresses of the petitioner and witnesses whom the State expects to testify to substantiate the allegations
  (3) the substance and conditions of the court's order
  (4) the date, time, and place of any hearing
  (5) the person's right to counsel at any stage of the proceedings, including after disposition or at any time during which the court exercises its jurisdiction over the child

Commentary

A person alleged or found to have abused or neglected a child should be informed of his rights by the intervening authority. He should be allowed to exercise his rights in order to ensure that he is treated fairly during the assessment of any child abuse or neglect report that concerns him. However, he should also be aware that some of his actions may have negative consequences. For example, although an individual does have the right to refuse to cooperate with a Local Child Protective Services Unit, his refusal may precipitate a court hearing.

STANDARD B-2

ANY SUBJECT OF A CHILD ABUSE OR NEGLECT REPORT SHOULD BE INFORMED OF HIS RIGHTS PERTAINING TO INFORMATION IN THE REPORT OR IN RECORDS GENERATED FROM THE REPORT

Guidelines

- Right to have access to relevant portions of the records which do not identify other individuals, and to be informed of the procedures to follow for having the report or any related records sealed, amended, or expunged
- Right to appeal if requests for sealing, amending, or expunging of records, partially or entirely, are denied

Commentary

A person identified in a child abuse or neglect report may have reason to believe that information in the report or associated records may be erroneous or unnecessarily injurious to him. Consequently, the person has the right to view such records, and make requests for additions, changes, or deletions. If the appropriate authority deems his requests unreasonable, the person should have the right to appeal that decision.

STANDARD B-3

ANY SUBJECT OF A CHILD ABUSE OR NEGLECT REPORT SHOULD BE PROTECTED FROM UNAUTHORIZED DISCLOSURE OF IDENTIFYING INFORMATION

Guidelines

- Right to have information in all records generated from the report kept confidential by limiting access to the records only to the authorities designated in State Law. (Cross-reference to STATE LAW, Standard A-4, last Guideline) the general public, both in terms of what they can and what they cannot do; and how they can become recognized in the community as effective service providers. Not until such public relations issues are resolved can agencies expect to find the community support necessary to back their staffing and program needs.

Public relations can also assist a department or an agency in obtaining political support from the State and the community. Any social welfare issue, no matter how worthy, is political even though not partisan; the prevention of child abuse and neglect is no exception. When there is little political support or when specific programs are opposed, departments and agencies must assess how they can best expend or mobilize efforts to gain needed support. Client involvement and volunteer organizations' involvement in these efforts can also be critically important in obtaining political support.

Certain political activities, too, can have an impact on programs and services. Service providers should consider how to use means such as budget hearings and program reviews to inform political decision makers about agency operations, services, and programs. Such means may be used, for example, to point out the ramifications of the agency's identifying families in need of protective services, but failing to provide them with adequate treatment and follow-up services because of inadequate funding.

The last issue underlying resource enhancement involves the existence or non-existence of working relationships among various State departments and State agencies, between the State and local levels of operation, and among local service providers. Jurisdictional disputes, "turf battles", and professional jealousies can severely impede resource enhancement. However, improved coordination, cooperation, and feedback among various departments, agencies, and programs can produce working relationships that ultimately improve the quality of services for children and families. Resolution of this issue is, thus, well worth the time and effort it will take service providers to assess the changes needed to acquire good working relationships with each other.

Achievement of needed changes. To achieve needed changes, assessment findings must be integrated into plans of action with the responsibility for their implementation shared by various service providers and disciplines. Throughout the Standards, the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council are emphasized as the necessary vehicles to bring forth changes. The State Commitee and the Community Council, for example, can improve working relationships (an issue identified in "assessment of needed changes") among departments, agencies, and programs seeking to enhance resources in order to prevent child abuse and neglect. Another vehicle suggested in the Standards is the Multi-disciplinary Case Consultation Team. The review of a specific case of child abuse or neglect by different service providers represented on the team can facilitate a better understanding of how to share responsibility for providing treatment services to a family.

Resource enhancement may also be realized by the implementation of two mechanisms currently found in a number of States and also recommended in the Standards. These are child abuse and neglect reporting lines (operated on a State-wide, toll-free, twenty-four hour basis) and Central Registers. Reporting lines provide a central focus to facilitate reporting and assessment. A widely publicized reporting number can increase the likelihood that a child who is suspected as being abused or neglected will be identified and receive the intervention services required to protect him.

Most States currently maintain records of reported cases of suspected child abuse and neglect in Central Registers. Unfortunately, many Registers are not as useful as they could be. Some have no provision for expunging old or inaccurate information; some have incomplete information; and others are incapable of supplying any but the most elementary statistics. Despite the problems currently experienced in the operation of many Central Registers, the Standards take the position that properly planned and maintained Central Registers can be useful in achieving resource enhancement. For example, Central Registers can be used to measure the universe of problems and needs with which the child protective services system must deal. As a research tool, the Central Register can permit study of the incidence and patterns of child abuse neglect throughout the State. Finally, the Registry can serve as a means to monitor assessment and treatment progress.

The Standards for each service system presented in the next Chapter -- State Authority, Local Authority, Physical Health, Mental Health, Education, Courts and the Judicial System, Law Enforcement, and Residential Child Care Institutions -- identify additional and more specific approaches and procedures by which resource enhancement can be achieved.

STANDARD B-6

THE PARENT(S) OR OTHER PERSON RESPONSIBLE FOR A CHILD'S WELFARE WHO IS ALLEGED TO HAVE ABUSED OR NEGLECTED A CHILD SHOULD BE ENTITLED TO LEGAL REPRESENTATION IN BOTH CIVIL AND CRIMINAL PROCEEDINGS

Guidelines

- Right to have legal counsel, including right to court-appointed counsel at public expense, if indigent
- Right to have legal counsel participate fully in all stages of the court proceedings, including preliminary hearings, the adjudicatory hearing, the dispositional hearing, and post-dispositional reviews

STANDARD B-7

THE LOCAL CHILD PROTECTIVE SERVICES UNIT SHOULD HAVE THE ASSISTANCE OF LEGAL COUNSEL IN ALL CHILD PROTECTIVE PROCEEDINGS

Guidelines

- Right to have legal representation provided by one of the following:
    (1) local civil law officer such as the county attorney or city corporation counsel
    (2) independent counsel
    (3) legal staff of the Local Social Services Agency
- Right to have legal counsel participate fully in all stages of the court proceedings, including preliminary hearings, the adjudicatory hearing, the dispositional hearing, and post-dispositional reviews

Commentary

The increased participation of defense counsel has created greater formality in child protective proceedings, and has put the protective services worker without legal assistance at a severe disadvantage. Without counsel to assist the worker in pre-trial investigation, case preparation, petition drafting, courtroom presentation, and legal argument, otherwise provable cases are often dismissed when the parent has the advantage of vigorous defense counsel.

In many communities, the district attorney or similar criminal court prosecutor represents the Local Child Protective Services Unit in the juvenile court. Many prosecutors understand and strive toward the juvenile court's social purpose, which is broader than the criminal court's focus on criminal liability. Nevertheless, to minimize the punitive nature of the juvenile court proceedings, it is recommended that the Local Unit be represented by a civil law officer, independent counsel, or the legal staff of the Local Social Services Agency.

STANDARD B-8

EACH PARTY SHOULD HAVE THE RIGHT TO APPEAL CHILD PROTECTIVE CASE DETERMINATIONS

Guidelines

- Right to be informed of appeal rights at the conclusion of the dispositional hearing
- Right to be informed of the time limitations and the procedures to follow in appealing a case determination
- Right of a party, if indigent, to obtain a free transcript of the court proceeding and to be provided with an attorney for the appeal

SECTION C: STANDARDS ON RESEARCH AND EVALUATION

(Applicable to All Service Systems)

Many conclusions about abused and neglected children and the caretakers who abuse or neglect them have not been supported by adequate research. Nor have the service delivery systems that comprise the child protective services network and their approaches to prevention and treatment been sufficiently evaluated. This section emphasizes that it is imperative for each service system to allocate sufficient funds and personnel to conduct needed research and evaluation.

Although the importance of evaluation is generally recognized by service providers, service systems traditionally have devoted all or almost all of their resources to meeting immediate service needs rather than allocating funds for evaluation of these programs. This emphasis has not permitted service systems to reap the benefits which evaluation can provide to enhance programs, to justify funding requests, and to improve public relations efforts. Evaluation, which includes definition of program objectives and development of measures of progress toward these objectives, ultimately provides assessment of what difference programs actually make and how effectively they accomplish their objectives. The purpose of evaluation is to provide objective feedback to program managers and policy makers on the costs and effects of programs, thereby assisting effective management and efficient allocation of limited resources. The results of an evaluation can assist decisions on policy direction, program planning and development, budgeting, and program improvement.

Service systems also need to examine and to develop their capabilities (independently and in conjunction with other service systems) to perform long-term and careful follow-up research on children who have been abused or neglected and on adults who have participated in the abuse or neglect of children. Such research can increase knowledge of the causes and effects of child abuse and neglect, and thus provide direction to prevention and treatment efforts. The outcome of child abuse and neglect professional training and public education also merits further research and evaluation.

Service systems can greatly facilitate decision-making and the gaining of basic knowledge by working with each other and with the State Department of Social Services, both to collect information and to design data collection forms to obtain comparable information. Each service system should decide on an organizational plan to meet its research and evaluation needs. Recommended alternatives include: (1) the establishment of a special research and evaluation unit; (2) sharing existing research and evaluation facilities; (3) sharing existing research and evaluation facilities with the appointment of a specialized staff person(s) to the research facility or to serve as liaison to the facility's researchers; or (4) inviting qualified outsiders to conduct needed research and evaluation activities. Service systems should also explore the possibility of participating in research and evaluation activities organized on a regional basis, to make more efficient and effective use of scarce resources. Certain research and evaluation-related activities (e.g., data collection, computer analysis) may be accomplished more economically on a regional basis.

In brief, this section's Standards are intended to stimulate sound research and evaluation efforts within and among service systems. Effective research and evaluation results can promote informed program and policy decisions as well as contribute to the theoretical body of knowledge upon which many policies and programs are based.

STANDARD C-1

EACH SERVICE SYSTEM SHOULD COLLECT, RECORD, AND MAINTAIN INFORMATION ON THE "PRESENTING PROBLEMS" OF CLIENTS, CHILD ABUSE AND NEGLECT SERVICE NEEDS, AND ON CHILD ABUSE AND NEGLECT SERVICES PROVIDED

Guidelines

- Collect information to determine what services exist, and the need for additional or expanded services within the community
  - (1) recognize the need to compile a community profile of services in as complete and precise a manner as possible
  - (2) study community needs in different geographic and demographic units that can be readily identified to learn where needs are concentrated
  - (3) utilize the following sources to conduct a needs assessment:
    - (a) routine statistical information such as birth rates and school enrollment figures

        - (b) census and other demographic data
        - (c) special surveys of the population on topics such as knowledge, attitudes, and behavior patterns
        - (d) other resources such as interviews with special groups (e.g., physicians, lawyers, educators, social workers)
    - (4) collect data on the characteristics of clients served, the services they receive, and the outcomes of these services
    - (5) recognize that much of the information on clients and services can be routinely collected through intake forms, periodically administered reporting forms, termination forms, and follow-up interviews, but that other information can be obtained only from specially administered surveys conducted with relevant respondent groups (e.g., adolescent parents)
    - (6) collect data on other variables which include the facilities at which services are offered, the staff at the facilities, and the costs incurred in delivering the services

- Organize informational needs to answer questions related to service, including:
    - (1) effort (e.g., input)
    - (2) performance (e.g., results or outcomes of effort)
    - (3) adequacy of performance (e.g., the degree to which effective performance is adequate given the total observable need)
    - (4) efficiency (e.g., the ratio of the performance of various program alternatives to costs of money and time)
    - (5) process (e.g., how and why programs work or do not work)

- Determine the availability of resources required for the needs assessment, including the availability of external funding sources

- Conduct a community needs assessment that addresses those questions with highest service system priority

STANDARD C-2

EACH SERVICE SYSTEM SHOULD MAXIMIZE THE EFFICIENCY OF CHILD ABUSE AND NEGLECT PROGRAM THROUGH SYSTEMATIC RESEARCH AND EVALUATION ACTIVITIES

Guidelines

- Determine what type(s) of research and evaluation are most feasible considering the service system's staffing skills and resources

- Plan research and evaluation activities with other service systems to determine which should be conducted jointly and which should be conducted independently

- Establish liaisons with the research and evaluation units of the State Department of Social Services, academic institutions, and other qualified outsiders to utilize their technical assistance, consultation, and information resources; to share research and evaluation findings; and to minimize duplication of data collection

- Establish research priorities and encourage other service systems, academic institutions, profit and non-profit research firms to also consider them as research priorities

- Clarify priorities and plans by preparing statements of evaluation objectives and evaluation requirements which clearly delineate such things as:

  (1) the purpose of the evaluation
  (2) specifically, what program(s) or program component(s) is to be evaluated
  (3) a description of the program or program component and the status of the program
  (4) the time period during which the evaluation is to be conducted
  (5) a summary of the proposed effort, including the additional knowledge that is needed, any specific methodology that should be used, etc.

- Recognize that there are various types of evaluation which require differing levels of sophistication, research skills, and resources to execute, such as:

  (1) monitoring, which is the assessment of managerial and operational efficiency through periodic site visits and other management review techniques

(2) reporting systems, which provide routine but useful data on services provided, populations served, and costs of providing services

(3) cost analysis, which is a means of determining the costs of providing services through a program. Comparative analysis of costs by project, by groups of projects, or by program is essential to good evaluation and is a valuable management tool in itself

(4) program impact evaluation, which is assessment of the overall effectiveness of a program in meeting its objectives, or assessment of the relative effectiveness of multiple programs in meeting common objectives. This type of evaluation depends on the definition and measurement of appropriate output variables and on the use of appropriate comparison groups

(5) program strategy evaluation, which is assessment of the relative effectiveness of different techniques used in a program. This type of evaluation depends on definition and measurement of appropriate environmental, input, process, and output variables

(6) project evaluation, which is assessment of the effectiveness of an individual project in achieving its stated objectives. This type of evaluation requires measurement of the important output variables as well as the use of appropriate comparison groups. A more feasible form of project evaluation simply compares project results with performance objectives or baseline conditions, omitting the use of comparison groups and therefore usually reducing the possibility of attributing effects to the treatments provided

(7) project rating, which is assessment of the relative effectiveness of different projects in achieving common objectives. In most cases, it will make sense to rate projects against one another only if they are operating in similar environments with comparable clientele. Project rating depends on definition and measurement of environmental variables and relatively inexpensive output measures (e.g., measures of short-term impact)

- Assign to research and evaluation activities personnel who are qualified to assess results in terms of the benefits of the findings and the manner in which these findings can be translated into operational improvements for child abuse and neglect programs

Commentary

In developing the Guidelines for this Standard, distinctions have been made between programs and projects. A program utilizes Federal funds and administrative direction to accomplish a prescribed set of objectives. Typically, the Federal money goes to intermediaries rather than directly to recipients. A project is the implementation level of a program -- the level where resources are used to produce an end product (or deliver services).

While the State Department of Social Services should have prime responsibility for research and evaluation, many child abuse and neglect programs are administered under the auspices of other service systems -- physical health, mental health, education, and law enforcement. Each of these service systems has a unique perspective, capability, and responsibility with respect to child abuse and neglect research and evaluation and with respect to local child protective services. Coordination and joint planning among service systems regarding the specific research and evaluation to be undertaken can increase each system's awareness of the other systems' potential research and evaluation contributions, as well as serve to maximize existing research and evaluation resources.

STANDARD C-3

ALL SERVICE SYSTEMS SHOULD USE COMPARABLE DEFINITIONS AND FORMATS IN COLLECTING, RECORDING, AND MAINTAINING CHILD ABUSE AND NEGLECT DATA TO FACILITATE CUMULATION OF RESULTS AND COMPARATIVE ANALYSES

Guidelines

- Promote the establishment of comparable definitions and formats at the Federal program level
- Utilize the State Department of Social Services as an information clearinghouse regarding formats used by other service systems to collect, record, and maintain data
- Use similar or identical sampling procedures, identical data collection forms, and identical coding categories for analysis

- Determine common unmet needs of client groups served by different service systems
- Encourage "fair comparisons" of programs and projects by evaluating the relative success of prevention, identification, and treatment approaches and strategies which use comparable inputs (e.g., financial resources) and serve similar clients

STANDARD C-4

TO PROVIDE FOR USEFUL AND APPLICABLE RESULTS, EACH SERVICE SYSTEM SHOULD SEEK TO OVERCOME RESEARCH AND EVALUATION CONSTRAINTS

Guidelines

- Seek to overcome research and evaluation constraints by:
  - (1) acknowledging with staff that data collection may temporarily interfere with other program activities (e.g., the provision of services)
  - (2) explaining to staff the importance of their cooperation with researchers and evaluators
  - (3) identifying ways that clients receiving child abuse and neglect services can be motivated by staff to cooperate with research and evaluation efforts
- Recognize the importance of identifying and alleviating, whenever possible, other constraints, such as the following:
  - (1) attributing outcomes confidently to the activities being examined due to the difficulty of obtaining control groups, assigning participants randomly, and/or "measuring" improvements objectively
  - (2) defining simple and clear cut goals (It may be difficult to recognize possible inconsistencies among goals or to rank varying goals in order of their priority. The precise definition of program goals may be a responsibility for the research and evaluation staff. If a goal cannot be defined, it cannot be measured. If it cannot be measured, it cannot be evaluated and if it cannot be evaluated, funding may not be continued.)

(3) accounting for shifts in activities during a program's life which may make it difficult to describe and assess the impact of the activities being studied
(4) collecting information of an evaluative nature may be hindered by "political" factors
(5) disclosing results which indicate that a program has not achieved its goals may tend, with or without awareness, to bias information provided by staff

- Recognize that the results of research and evaluation generally have not been applied to program or policy decisions due to the following four basic reasons:

    (1) organizational inertia refers to the fact that organizations tend to resist change. Since evaluation usually implies change, organizations tend to discount the findings
    (2) methodological weaknesses refers to the fact that policy makers will not utilize the results of poorly done studies, but instead will rely on their own experiences or opinions
    (3) design irrelevance refers to the fact that too often a study may bear little or no relationship to critical program and policy issues
    (4) poor dissemination refers to the fact that the relevant decision makers are not shown or briefed on the results of useful studies, and findings are often not presented in a manner to maximize their usefulness

- Develop strategies, techniques, and approaches to deal with these barriers of successful application of research and evaluation findings

- Demonstrate to staff the potential uses and applicability of the research and evaluation activities by implementing improvements based on the activities results

Commentary

Collecting and using information to assist decision making and to increase basic knowledge of child abuse and neglect issues in a useful and timely fashion is a challenging task. Methodological, organizational, and political obstacles exist. Many of them can be overcome if service system research and evaluation staff are sensitive to them and have learned techniques to deal with them. Information collected can then be much more useful and strategic than would otherwise be the case. Nonetheless, it is unreasonable to expect that even trained research and evaluation staff can deal with all possible constraints. Problems in effective dissemination and implementation of results, for example, must be the responsibility of program directors and policy makers.

STANDARD C-5

EACH SERVICE SYSTEM SHOULD FULFILL ITS ETHICAL RESPONSIBILITIES TO CLIENTS BY ENSURING THE PROTECTION OF THEIR RIGHTS IN THE CONDUCT OF RESEARCH AND EVALUATION ACTIVITIES

Guidelines

- Accept responsibility to protect clients' rights, particularly those of privacy and confidentiality
- Examine research and evaluation programs, policies, and procedures to see if they violate clients' rights, particularly with regard to disclosure of information
- Implement any necessary changes in programs, policies, and procedures that are needed to protect clients' rights
- Inform clients of how their participation in the research or evaluation may affect them

Commentary

Service system personnel must be aware of current regulations and guidelines related to the protection of human subjects in the conduct of research and evaluation activities, and must keep abreast of changes in these regulations and guidelines. A particular concern in research and evaluation performed in the area of child abuse and neglect is the potential conflict between the individual's right to privacy and the researcher's need to disclose individually identifying information for the purposes of the research. A general principle to follow is to ensure that information which refers to or can be identified with a particular client may not be disclosed except with the prior, written, informed consent of the client. However, there may be instances in which other considerations outweigh this general principle. The area of the rights of individuals as subjects of research is receiving much warranted concern and attention at this time, and much careful thought is being directed toward formulating safeguards to protect individuals' rights during research studies. Two documents which should be used as sources of information in this area are Protection of Human Subjects (45 CFR 46), published by the Department of Health, Education, and Welfare, and Personal Privacy in an Information Society, the report of the Privacy Protection Study Commission, created by the Privacy Act of 1974.

STANDARD C-6

EACH SERVICE SYSTEM SHOULD CONDUCT ITS RESEARCH AND EVALUATION ACTIVITIES WITH A SENSITIVITY TO ETHNIC AND CULTURAL VARIABLES AND MINORITY GROUP ISSUES

Guidelines

- Consider institutionalized racism, prejudice and cultural insensitivity as factors that may be affecting service delivery and program outcomes
- Assist personnel evaluating programs that serve minority groups to become knowledgeable regarding the culture, norms and lifestyles of these particular minority groups
- Develop procedures and strategies for data collection and analysis that reflect the perspectives of the various sub-groups found in the service population
- Include in the assessment of resource requirements, an examination of the need to develop multi-lingual/multicultural components for programs
- Review staffing patterns regularly and comprehensively to ensure that racial and ethnic discrimination does not restrict the composition of staff nor the delivery of services

STANDARD C-7

PROGRAM MANAGERS AND PERSONNEL SHOULD COMMUNICATE CHILD ABUSE AND NEGLECT RESEARCH AND EVALUATION RESULTS TO APPROPRIATE POLICY MAKERS, PROGRAM DIRECTORS, AND OTHER INDIVIDUALS AND ORGANIZATIONS

Guidelines

- Present research and evaluation findings in a manner that facilitates user review and utilization
- Share findings by communicating results to elected officials and policy makers including the State Department of Social Services, the State Child Protection Coordinating Committee, and the Community Child Protection Coordinating Council
- Disseminate results to individuals and groups who request such information
- Conduct workshops and seminars in conjunction with other agencies and institutions
- Publish results in professional journals

SECTION D: STANDARDS FOR STATE AUTHORITY

State involvement in public child protective services is a relatively recent phenomenon. Although child protective services in America date back to the nineteenth century, the first protective services were provided by voluntary, private organizations. In 1874, the sensational "Mary Ellen case" sparked the formation of the Society for the Prevention of Cruelty to Children (SPCC). By 1922, 57 chapters of the SPCC and 307 humane societies were in operation across the country.

The passage of the 1935 Social Security Act precipitated State involvement in public child protective services. During the following two decades, 35 States enacted statutes assigning responsibility for the protection and care of neglected children to State Agencies. During this same period, the number of voluntary protective organizations declined substantially. The development of public protective services also was accelerated by: (1) the 1962 amendments to the Social Security Act which required that each State extend child welfare services to all political jurisdictions within the State, and which made Aid to Families with Dependent Children (AFDC) funds available for services to abused and neglected children from families who were receiving, or were potentially eligible for, AFDC; and (2) the 1974 amendments to the Social Security Act which required that each State provide child protective services on a State-wide, universal basis.

Currently, the availability, quality, quantity, and coordination of child protective services varies from State to State and from locality to locality. The unevenness that exists among the States in the level of guidance and leadership provided to localities, and in the development of delivery systems is due, in part, to the relatively recent involvement of States in public child protective services.

The objectives of Standards on State Authority are to establish a focal point for State-wide leadership in the provision of child protective services, and to encourage all States to develop comparable and consistent approaches in delivering child protective services. For the purpose of this document, State Authority refers to the State Department of Social Services (State Department) and the State Child Protection Coordinating Committee (State Committee). The Standards in this section are based on the premise that the State Department, with an administratively distinct and readily identifiable State Child Protective Services Division (State Division), and the State Committee, with members serving in advisory and "working" capacities, can substantially strengthen each State's role in protecting children. Although the State Department of Social Services is expected to accept prime responsibility for the prevention and treatment of child abuse and neglect, representatives from other State departments who are on the State Committee (e.g., Health, Mental Health, Education, as well as of other service systems including public, private, volunteer) are expected to accept responsibility for supporting and assisting the State Department's child protective efforts. It is also envisioned that the State Committee will stimulate coordinated planning, service delivery, training, evaluation, and the enhancement of other resources throughout the State to reduce child abuse and neglect.

In developing these Standards, the following points were also considered:

- Responsibility for child protective services needs to be assigned to a single State Division which is organizationally visible and has access to executive decision-making levels. Although the Standards specifically recommend that this State Division be housed within the State Department of Social Services, a distinct, readily identifiable State Division is of value to all States regardless of the type of State department responsible for child abuse and neglect (e.g., generalized human services umbrella agency, general social services or public welfare department, freestanding child welfare services department). Preferably, however, this State Division should be part of a larger bureau that concentrates on issues and services to children and families (e.g., Children's Bureau, Child Welfare Bureau)

- "Pure" State administered or locally administered service delivery systems rarely exist but may be viewed on a continuum ranging from strong State administration at one end to strong local administration at the opposite end. Recognizing the advantages and disadvantages associated with the different types of administration, this document attempts to strike an equitable balance. Although responsiblity for compliance with certain Standards is assigned to the State, this usually does not preclude implementation of those Standards by a locally administered system. In those rare cases where an alternate type of administrative approach would affect implementation of the Standard, Commentary accompanying the Standard delineates the factors that need to be considered

- Geographic population dispersions are an important consideration since population distribution has ramifications for administration, organization, and service delivery. Most States, even those that are highly urbanized, contain medium-sized counties as well as sparsely populated areas. Specialized administrative forms such as decentralized neighborhood offices in metropolitan areas, combination of continuous middle-sized counties into one catchment area, and establishment of part-time area offices in jurisdictions with scattered populations are approaches that can be used to deal more effectively with variations in geographic population concentrations. The Guidelines and Commentary following the Standards for State Authority highlight urban and rural alternatives whenever possible.

Administration and Management

STANDARD D-1

TO COORDINATE, ASSIST, AND STRENGTHEN THE STATE'S CHILD ABUSE AND NEGLECT PREVENTION, TREATMENT, AND RESOURCE ENHANCEMENT EFFORTS, THE HEAD OF THE STATE DEPARTMENT, AS DESIGNATED BY STATE LAW, SHOULD CONVENE A STATE CHILD PROTECTION COORDINATING COMMITTEE

Guidelines

- Ensure that the State Committee is composed of:
  (1) representatives from State departments or State agencies providing or concerned with human services related to the prevention, identification, or treatment of child abuse and neglect, such as: Public Health, Mental Health, Mental Retardation, Education, Police, the Attorney General, Juvenile or Family Court, Youth Services, Public Affairs, and the Independent State Agency
  (2) representatives from minority groups and Indian tribes in the State

- Establish the following basic Committee objectives (in State Law or via the Governor's directive):
  (1) assist the State Child Protective Services Division
  (2) convene task forces or sub-committees to focus on areas, such as: legislation; planning; research and evaluation; multi-disciplinary teams; budget; and the functions and policies of the Central Register
  (3) assist in the establishment of an Independent State Agency which is to oversee residential child care institutions and which is to assess reports of institutional child abuse and neglect

(4) report child protection plans, issues, and concerns to the Governor and to the State Legislature in an "Annual Report on Child Abuse and Neglect Prevention and Treatment"

- Develop a written statement which clearly identifies the State Committee's purposes
- Develop a written statement of operating procedures to include:
  (1) appointment of the Head of the State Department, or his personal designee, as the chairperson
  (2) responsibilities of the chairperson and members
  (3) terms of service of the chairperson and members
  (4) frequency, dates, and locations of meetings
  (5) procedures for the conduct of meetings
- Encourage Committee members to make available to their departments or organizations copies of State Committee minutes and materials
- Encourage Committee members to send written reports to appropriate personnel in their departments or organizations which detail specific actions taken and directions proposed at meetings and to solicit their comments for presentation at future meetings

Commentary

In convening a "working" State Committee, there are several issues that need to be taken into consideration. First, it is recognized that State child protective services are subject to Federal and State statutory and administrative mandates. Thus, a State may already have established a State-wide Committee in response to these requirements. If any existing State Committee, subcommittee or task force is currently fulfilling or can fulfill the role of the proposed State Child Protection Coordinating Committee, and its composition is or can be expanded to meet the membership requirements of the State Committee, the Governor may designate that existing committee to serve as the "working" State Committee envisioned in this Standard.

Second, although the intent of this Standard is to establish an action-oriented State Committee, it must be recognized that the State Committee may not function immediately as a "working" group.

Initially, the State Committee may bear close resemblance to an advisory committee. As State Committee members become more familiar with one another, more comfortable with their roles, and more confident of their ability to advocate for change, the Committee should be able to assume a more active stance.

A third area to be considered involves the staffing of the State Committee. State Committee activities -- whether the Committee be advisory or "working" -- are enhanced by the assignment of adequate professional support staff.

A fourth area that should be reviewed concerns a potential conflict for State Committee members when budgetary matters are under consideration at Committee meetings. State Committee members may be requested to make recommendations for the allocation of monies to their own departments, or to make commitments, without prior approval by their host departments, concerning the allocation of departmental funds. The State Committee can develop procedures, such as prohibiting Committee members from voting on the distribution of funds to their own departments, to deal with such potential conflicts.

Another issue to be considered involves the State Committee's relationship with the State Health Planning and Development Agency (SHPDA) and the State Health Coordinating Council which were created under P.L. 93-641, the Health Planning and Resources Development Act of 1974. The SHPDA is to coordinate State-wide health planning activities. The State Health Coordinating Council is to review grant applications for: Community Mental Health Centers Act; Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970; and Public Health Service Act. Since the activities of the SHPDA and the State Health Coordinating Council will impact services used for child abuse and neglect cases, informal and/or formal lines of communication should be established between these groups and the State Child Protection Coordinating Committee. Although each State ultimately will determine for itself the appropriate mechanism(s) for communication with the health planning structures, one suggestion is that a health planning representative be named to participate on the State Child Protection Coordinating Committee.

Finally, although this Standard focuses on the establishment of the State Committee, a separate State Citizen's Committee on Child Abuse and Neglect should also be established. The Citizen's Committee should be composed of individuals of distinction in human services, law, and community life, broadly representative of social and economic communities across the State. The Citizen's Committee, appointed by the Governor, would consult with and advise the Governor, the State Department of Social Services, and the State

Child Protection Coordinating Committee. It is hoped that the Citizen's Committee would have an independent voice and would speak out on the problems confronting the child protective system. Toward this goal, the Citizen's Committee should confer with any individuals, groups, and agencies, and issue reports or recommendations on any aspect of child abuse and neglect, whenever it deems it appropriate to do so.

STANDARD D-2

THE STATE DEPARTMENT OF SOCIAL SERVICES (STATE DEPARTMENT) SHOULD ESTABLISH STATE-WIDE CHILD ABUSE AND NEGLECT POLICIES THAT ARE CONSISTENT WITH STATE LAW AND CONDUCIVE TO THE DELIVERY OF UNIFORM AND COORDINATED SERVICES

Guidelines

- Develop operational definitions of child abuse and neglect that are consistent with the State Law

- Designate mandatory services that must be provided in cases of child abuse and neglect and must be made available to the child and his family, regardless of the family's income, such as:

  (1) day care for children, including therapeutic day care
  (2) homemaking services
  (3) medical diagnosis and follow-up visits for all family members, as necessary
  (4) social, psychological, and psychiatric evaluations and treatment for each family member, as necessary
  (5) emergency 24-hour shelter for children, adolescents, and families
  (6) emergency financial assistance
  (7) transportation
  (8) infant stimulation programs
  (9) individual or group counseling and tutoring services for children and adolescents
  (10) housing and household assistance
  (11) employment, job training, and counseling
  (12) information and referral

- Establish policies and procedures, including formal contracts, for administering purchase of services agreements

- Encourage the development of improved and additional State and local programs and activities
- Encourage external coordination with other State departments, private organizations, voluntary agencies, and consumers by supporting improved prevention, identification, and treatment activities
- Establish a uniform, State-wide reporting and information system (the Central Register)
- Monitor and evaluate local child abuse and neglect intervention procedures, services, and programs, and provide training and technical assistance
- Develop and disseminate to all State Department and Local Social Services Agencies' staff a policy and procedures manual

Commentary

Implementation of this Standard will be affected by those formally or informally in power on both the State and local levels. Generally, in a State-administered child protective services system, the State has greater control over local activities, including the determination of which child abuse and neglect services must be provided by the Local Social Services Agency. In locally administered systems, although the State may mandate particular services, the Local Agency has the autonomy to block their implementation; or, on the other hand, because of their autonomy, many locally administered systems have become models for the State. Thus, implementation of this Standard depends more upon the power and commitment of those administering child protective services to achieve needed change rather than upon whether the system is primarily State or locally administered. It is hoped, however, that child abuse and neglect policies made by the State Department will serve to promote State-wide systems that are both consistent and creative.

Also, whether State or locally administered, adherence to the second Guideline (the establishment of State-wide mandated service components) is intended to ensure that services are available in outlying rural areas where there are scarce resources and few service providers. The Guideline is also crucial in ensuring that proper attention is given to developing support services which strengthen family functioning and which maintain family unity.

STANDARD D-3

THE STATE DEPARTMENT SHOULD ENSURE THAT ITS ETHICAL AND LEGAL RESPONSIBILITIES TO THE CHILDREN, ADULTS, AND FAMILIES BEING SERVED ARE FULFILLED

Guidelines

- Accept responsibility to protect the rights of children, adults, and families
- Examine programs, policies, and procedures to determine whether any rights are being violated (Cross-reference to LEGAL RIGHTS, pp. III-25 to III-32)
- Implement any necessary changes in programs, policies, and procedures to ensure protection of rights

Commentary

Although there are many ethical and legal responsibilities that the State Department of Social Services and its Child Protection Division must fulfill to meet the needs of children, adults, and families, the most important of these is to provide services that strengthen families. Placement of an abused or neglected child away from his own home should occur only when the child is in imminent danger or when the child (or his parents) require separation to facilitate treatment goals. Even when placement occurs, continued support services to the child and his parents are necessary to resolve the problems that created the need for placement.

STANDARD D-4

THE STATE DEPARTMENT SHOULD ESTABLISH A DISTINCT CHILD PROTECTION DIVISION (STATE DIVISION) TO FACILITATE IMPLEMENTATION OF DEPARTMENTAL CHILD ABUSE AND NEGLECT POLICIES

Guidelines

- Acknowledge that the implementation of State Department child abuse and neglect policies, as delineated in Standard D-2, require sufficient and qualified staff as well as sufficient financial resources

STANDARDS FOR STATE AUTHORITY

- Appoint sufficient and qualified staff, considering the importance of professional backgrounds in:

  (1) social work
  (2) child welfare services
  (3) coordination of services and resources
  (4) juvenile and family courts
  (5) systems analysis and design
  (6) budgeting
  (7) purchase of services
  (8) planning
  (9) research, and evaluation, and
  (10) training and technical assistance

- Allocate adequate funds by:

  (1) identifying and utilizing all available funding resources
  (2) utilizing Federal funding ceilings
  (3) designating money for purchase of services contracts
  (4) developing a formula for use in allocating funds to Local Agencies

- Require the State Division to promote coordination within the State Department through joint development of plans and procedures for training, delivery of services, and coordination of services

Commentary

In many States, there is only one professional assigned to child protective concerns at the State level, usually called the "child protection consultant"; sometimes, the assignment is only one of many given to a single, overburdened individual. As a necessary consequence, rational, long-range planning is impossible even responding to day-to-day operational concerns is haphazard. Localities have been forced to fend for themselves, learning from trial and error, instead of benefiting from the informed guidance of State officials. Thus, this Standard is to rectify these situations by ensuring that there is both sufficient staff and funds at the State level to provide State-wide direction and leadership in child protective services.

STANDARD D-5

THE STATE DEPARTMENT SHOULD DESIGNATE CHILD PROTECTIVE SERVICES UNITS (LOCAL UNITS) WITHIN EACH REGIONAL AND/OR LOCAL SOCIAL SERVICES AGENCY AND DEVELOP LOCAL UNIT STAFFING REQUIREMENTS

Guidelines

- Designate Local Units by considering the following:

  (1) population density
  (2) travel time
  (3) degree of correspondence to geographic jurisdictions of other agencies (e.g., courts, schools)

- Consider the following organizational options for urban areas:

  (1) specialized intake, treatment, and child placement units
  (2) decentralized offices, such as satellite offices in various neighborhoods

- Consider the following organizational options for rural areas:

  (1) merger of adjacent Local Units into a regional child protective services unit
  (2) part-time Local Unit with staff on call to receive abuse and neglect reports 24 hours a day, seven days a week
  (3) full or part-time Local Unit with law enforcement agency to receive abuse and neglect reports after normal working hours
  (4) specialized child welfare units that assume responsibility for child protective services as well as other child-related programs

- Develop and disseminate guidelines to ensure sufficient adequate Local Unit staffing, focusing on:

  (1) the appointment of person(s) to specialize in child protective services based on:
    (a) size of agency
    (b) population density
    (c) travel time
    (d) volume of child abuse and neglect reports
    (e) other duties of staff (e.g., participation on task forces

- (2) the assignment of specific child protective services staff for the purpose of intake (receipt and assessment of child abuse and neglect reports) when the Local Unit has two or more child protective services workers
- (3) the types and qualifications of child protective services intake staff
  - (a) intake supervisor
    - (i) master's degree in social work
    - (ii) background in child welfare services that includes a minimum of two years of experience in protective services and an additional year of experience in assessing clients' needs for child welfare, mental health, or other social services
  - (b) intake services workers
    - (i) master's degree in social work or a related discipline (preferable); bachelor's degree in social work
    - (ii) background in child welfare services that includes a minimum of two years of experience in protective services
    - (iii) highly developed social work and crisis intervention skills
  - (c) support staff, including a nurse(s), a homemaker(s) and/or a caretaker(s) -- hired as part of Local Unit or Local Unit to have direct access to their services
  - (d) specialized consultants, such as a pediatrician(s), a psychiatrist(s), a psychologist(s), an attorney(s), and a person(s) with expertise in sexual abuse to be available to the Local Unit
  - (e) staff to meet special needs of client population (e.g., persons with bilingual skills, persons from diverse cultural backgrounds)
- (4) the assignment of specific child protective services staff for purpose of treatment (provision and/or obtainment of services and resources to meet children's and families' needs) when the Local Unit has two or more child protective services workers
- (5) the types and qualifications of child protective services treatment staff
  - (a) treatment supervisor
    - (i) master's degree in social work
    - (ii) background in child welfare services that includes a minimum of two years experience in protective services and an additional year of experience in providing specialized treatment services
    - (iii) specialized skills in individual, family, and group counseling

- (b) treatment services workers
    - (i) master's degree in social work or a related discipline (preferable); bachelor's degree in social work
    - (ii) minimum of one year's experience in child welfare services
    - (iii) specialized skills in individual, family, and group counseling
    - (iv) knowledge of child development
- (c) support staff, such as a case aide(s), a caretaker(s), a homemaker(s), a secretary(ies), and specialized consultants -- hired as part of Local Unit or Local Unit to have direct access to their services
- (d) specialized consultants, such as a pediatrician(s), and a person(s) with expertise in sexual abuse, to be available to the Local Unit
- (e) staff to meet indicated needs of client population (e.g., persons with bilingual skills, persons from diverse cultural backgrounds)

(6) the establishment of caseload standards that facilitate prompt response to all child abuse and neglect reports and prompt provision of services, as follows:
- (a) ratio of one intake worker to every 12 to 18 new reports (families) received per month
- (b) ratio of one supervisor to every four intake workers
- (c) ratio of one treatment worker to every 20 to 25 on-going cases (families)
- (d) ratio of one supervisor to every five treatment workers

(7) urban staffing considerations such as:
- (a) worker specialization in physical abuse, adolescent abuse, and/or sexual abuse
- (b) assignment of cases on the basis of geographic area

(8) rural staffing considerations such as:
- (a) protective services worker to also handle generic child welfare cases
- (b) sharing of a supervisor by several Local Units
- (c) sharing of specialized consultants on a Regional basis

(9) the utilization of clients as parent aides, case aides, or clerical support staff to provide clients with employment opportunities as well as to enhance their self-esteem

Commentary

The staffing types, qualifications, and caseloads cited in this Standard are based upon a synthesis of pertinent literature and existing standards of national organizations. Factors and issues related to the establishment of caseload standards are elaborated upon in the Commentary following Standard E-1, LOCAL AUTHORITY, pp. III-82 to III-84.

Prevention and Treatment

STANDARD D-6

THE STATE DIVISION AND THE STATE COMMITTEE SHOULD WORK TOGETHER TO PREVENT AND TREAT CHILD ABUSE AND NEGLECT THROUGH THE JOINT DEVELOPMENT OF A COMPREHENSIVE AND COORDINATED PLAN FOR THE DELIVERY OF CHILD PROTECTIVE SERVICES

Guidelines

- Identify key agencies and individuals, including consumers, who have a role in child abuse and neglect prevention and treatment efforts
- Identify personal and environmental forces that contribute to child abuse and neglect
- Identify information to be collected, including:
    (1) State demographic data
    (2) existing public and private resources and services
    (3) comprehensiveness and availability of existing public and private services
    (4) costs of services
- Obtain available information from key agencies and individuals or develop other assessment strategies (e.g., personal interview, record review)
- Develop necessary data collection procedures and forms
- Collect data in conjunction with Local Authorities
- Analyze data, focusing on gaps and duplication in existing services and on barriers to utilization of services

STANDARDS FOR STATE AUTHORITY

- Determine priority needs based on data analysis
- Formulate and evaluate alternative needs assessment approaches and select most feasible approach
- Set specific objective(s)
- Develop an action plan with specific tasks and time tables
- Monitor, on an on-going basis, progress towards meeting the objective(s) specified
- Provide feedback to planning participants
- Plan for yearly assessment
- Develop an Annual State Plan on Services for Children and Families which focuses on the following:

  (1) realistic, measurable, time-limited goals and objectives
  (2) action plans and specific milestones
  (3) monitoring and assessment plans

- Ensure that preparation of the Annual State Plan on Protective Services for Children and Families:
  (1) supplements but does not duplicate Title XX and other planning processes, such as Title IV-A, Title IV-B, Title XIX, and the Health Planning and Resources Development Act
  (2) involves local authorities in the needs assessment and planning processes, and utilizes their contributions

- Submit to the Governor and the State Legislature an "Annual Report on Child Abuse and Neglect Prevention and Treatment" that highlights the progress made in implementing the Annual State Plan on Services for Children and Families and identifies areas that require further resolution
- Accept responsibility for change by convening task forces that are responsible for overseeing implementation of Annual State Plan on Services for Children and Families and by developing contracts and interagency agreements between the State Department of Social Services and other service systems that delineate roles in and responsibilities for:

  (1) advocacy services
  (2) support services
  (3) services for children and adolescents
  (4) services for adults

(5) services for families
(6) client-participation services
(7) emergency services
(8) services for involuntary clientele (e.g., hospital hold, protective custody, protective supervision, court-ordered placement)

- Develop joint departmental, agency, and organizational policies (as a supplement to the Annual State Plan on Services for Children and Families) that establish:

  (1) child abuse and neglect reporting procedures and policies
  (2) roles and responsibilities for consultation, technical assistance, and public and professional education
  (3) roles in promoting and establishing community-based multi-disciplinary child abuse and neglect teams
  (4) coordination of financial resources

- Determine separate roles and responsibilities for other child abuse and neglect activities such as advocacy for children's and families' rights and outreach

- Contribute to Federal and State planning processes, policies,and legislation

- Contribute to respective State Committee members departments',agencies', or organizations' policies and budgetary processes

Commentary

The emphasis in this Standard and its Guidelines is on the preparation of a meaningful planning document which articulates State-wide objectives for child protective services and delineates specific commitments, tasks, and milestones which can be measured for progress. The Annual Plan will be prepared through organized and formalized needs assessment, resource assessment, and planning processes. Since the Plan will affect delivery of child protective services throughout the State, all levels -- State, regional, and local -- need to participate in its development.

STANDARD D-7

THE STATE DIVISION SHOULD ENSURE THAT PERSONS WHO HAVE REASON TO SUSPECT CHILD ABUSE OR NEGLECT CAN MAKE A REPORT AT ANY TIME, 24 HOURS A DAY, SEVEN DAYS A WEEK

Guidelines

- Operate a State-wide, toll-free reporting line that is widely publicized throughout the State and is responsive to parents asking for help for themselves as well to other "reporters"

- Permit the following options for receipt of reports:

  (1) State Division receives reports 24 hours a day, seven days a week
  (2) Local Unit receives reports directly from the community, 24 hours a day (this may be the preferred option for large agencies)
  (3) Local Unit receives reports directly from the community during normal working hours and has assigned workers on-call to receive emergency reports from the State Division during other hours
  (4) Local Unit receives reports directly from the community during normal working hours and another community resource, such as a hotline, receives reports for the Local Unit during other hours and then transmits those reports to Local Unit staff on-call (this may be the preferred option for rural localities)

- Require that a Local Unit receiving initial reports directly from the community must forward such reports to the State Division within 24 hours

- Hire qualified social work staff to receive oral reports

- Require that sufficient information be obtained during the initial oral report to locate child and assess his safety, such as:

  (1) name, permanent address, age, sex, and ethnic background of child suspected of being abused or neglected
  (2) present location of child and location where incident(s) occurred if different from permanent address
  (3) name of person or institution responsible for child's welfare (and address, if different from permanent address of child)
  (4) name and address of person alleged to be responsible for abuse and neglect

(5) family composition (e.g., names, sex, ages of siblings and other adults normally present)
(6) nature and extent of suspected abuse or neglect, including any available information of prior injury to the child or his siblings
(7) action taken by reporting source or others, including whether or not child has been placed in protective custody
(8) reporter's name, telephone number, and address, if willing to provide this information
(9) type of reporting source (i.e., mandatory [with category], permissive, anonymous)
(10) relationship of reporter to child and family
(11) willingness of reporter to share with family his role in initiating the report; and his willingness to participate in the assessment process, if appropriate
(12) motives of reporter, if possible to evaluate
(13) date and time oral report is received
(14) the Local Unit and staff person assuming responsibility for assessment if the report was received initially by the Local Unit

- Remind mandated reporter to send a written report within 48 hours

Commentary

The purpose of this Standard is to establish a single, central focus in the State to facilitate reporting. Although the Standard recommends State-receipt as the preferred option, the Guidelines note that there are three other possible models for receipt of reports. Any model chosen should meet the following criteria:

- Twenty-four hour, seven day per week receipt of reports
- Sufficient and qualified staff to receive oral reports
- Twenty-four hour, seven day per week access to Local Unit staff
- Transmission of pertinent, initial information to the State Division within 24 hours after receipt of a report
- Procedures to deal with the transmittal of confidential information.

In selecting one model for receipt of reports over another, the following factors must be considered:

- Volume of reports
- Number of protective services workers available to work after hours and on weekends
- Availability of other community resources, such as hotlines, to receive reports for the Local Unit during non-working hours.

The determination of minimum qualifications (e.g., educational, relevant work experience) for staff who are receiving initial oral reports is primarily dependent upon the type of model utilized for receipt of reports. In the State Division model, workers can screen out crank calls and inappropriate and non-emergency reports while referring the emergency reports immediately to the appropriate authority. If reports are to be screened, qualifications for the protective services worker receiving reports are: (1) practical, front-line experience in providing child protective services including case assessment experience; and (2) knowledge of the State Division's operational definitions of child abuse and neglect.

Receipt of reports should not be a responsibility assigned to newly hired protective services staff. Similar qualifications are prerequisite for local child protective services staff assigned to accept calls.

If reports are not to be screened by the State Division (other than for the appropriate jurisdiction), specialized educational background or job experience is not a requirement. However, it is imperative that all non-protective services workers who have responsibility for receipt of reports -- both those at the State level as well as those at the local level -- receive training in: how to respond verbally to reports of child abuse and neglect made by parents, themselves, as well as others; the State Law; causes of abuse and neglect, and prevention and treatment approaches.

STANDARD D-8

THE STATE DIVISION SHOULD TRANSMIT REPORTS TO THE APPROPRIATE AUTHORITY FOR ASSESSMENT OF THE DEGREE OF RISK TO THE CHILD

Guidelines

- Develop and maintain a file of other States' Child Protection Divisions
- Refer reports received on children residing in another State to that State's Child Protection Division immediately
- Develop and maintain a file of Local Units' staff on-call and back-up staff for responding to emergency reports
- Refer emergency situations, such as the following, to Local Unit immediately:

  (1) all complaints of physical abuse
  (2) all complaints of sexual abuse
  (3) complaints alleging that children under the age of eight years old have been left alone
  (4) complaints involving children who are suffering from acute, untreated medical conditions
  (5) complaints alleging that children and their parents are in need of immediate food or housing
  (6) complaints alleging that parents of young children are psychotic, behaving in a bizzare manner, or acting under the influence of drugs or alcohol
  (7) complaints alleging bizarre punishment (e.g., locking a child in a closet, forcing a child to stay under a bed)
  (8) complaints alleging that children or adolescents are suicidal
  (9) complaints involving abandonment
  (10) complaints from hospital emergency rooms concerning children under their care
  (11) self-referrals from parents who state they are unable to cope, feel like they will hurt or kill their children, or wish their children's removal and placement away from home
  (12) cases in which protective custody is authorized

- Refer other situations to Local Unit within 24 hours
- Refer reports of institutional abuse or neglect immediately to Independent State Agency responsible for assessing such reports (Cross-reference to STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT, pp. III-219 to III-250)

- Forward to appropriate medical examiner or coroner, law enforcement agency, and district attorney any reports concerning a child's death (refer also to appropriate Local Unit if siblings remain in the home)

STANDARD D-9

THE STATE DIVISION SHOULD OPERATE A CENTRAL REGISTER THAT FACILITATES STATE AND LOCAL CHILD PROTECTIVE PLANNING

Guidelines

- Obtain input from Local Units regarding types of information needed to facilitate local management and planning, such as:
  (1) local demographic and incidence data on families in which abuse or neglect is indicated or known
  (2) presenting problems of clients, types and units of service utilized, with services categorized by manner in which services are provided (e.g., direct provision of service, purchase of service)
  (3) types and estimated units of services needed but not available, with reason for lack of availability (e.g., non-existent, full capacity, no local funds)
  (4) caseload data by function (e.g., intake, treatment), category of case (e.g., physical abuse, sexual abuse, neglect, at risk), and case status
  (5) length of service (e.g., average, minimum, maximum) by category of case and type of service
  (6) case disposition totals by category (e.g., treatment plan achieved, family refused services, referred to another locality)
  (7) volume of reports by category of reporter
  (8) Local Unit operating costs (e.g., overall direct service costs) with State-wide totals

- Obtain input from State Committee and other State Departmental divisions regarding the information needed to facilitate their planning responsibilities, such as:
  (1) incidence and demographic data cumulated by category of case and by the State's regional and local jurisdictions
  (2) types and estimated units of services needed but not available and reasons for unavailability, with cumulative totals by local jurisdiction and for State

(3) types and units of services provided by other State Departmental divisions and by other service providers, cumulated for entire State and by regional and local jurisdictions
(4) purchase of service units and costs cumulated by type of service and by type of service provider
(5) volume of reports by category of reporter
(6) placement of children data, categorized by type of placement, length of placement, reasons for termination of placement, etc.

- Ensure that in States where there are Indian reservations that information is included in the Central Register to facilitate the reservation's case management and planning activities
- Determine additional information that the State Division needs for use in planning, budgeting, and developing research priorities
- Assess what must be done to develop or improve the Central Register in order to facilitate State and local planning, and assess the resulting cost-benefits
- Coordinate information to be collected with other appropriate existing information systems
- Review system six months after its initiation and every year thereafter to determine improvements that need to be made to make management reports more useful

Commentary

This Standard, and associated Guidelines, specify that a centralized, State-wide information system should be maintained in order to facilitate the preparation of State-wide statistical and analytical reports on such things as incidence and patterns of aubse and neglect. In implementing the Standard, several factors need to be considered if such an information system is to be an effective management tool for planning, budgeting, and establishing research priorities.

First, all categories of information and terms used on management reporting forms must be explicitly defined and the same categories, terms, and definitions must be used by all regional and local jurisdictions. Otherwise, the resources and needs of various jurisdictions cannot be validly assessed and compared -- a detriment to effective, comprehensive, State-wide planning. Ideally, there should also be consistent collection of data from State to State and consistent definitions of categories and units used among States. This would allow for a more accurate national perspective on the problem of child abuse and neglect as well as allow for comparison provided by the States.

Second, the system must also be understood by those individuals who collect, record, and transmit the information and it must provide feedback that is of benefit to local child protective services workers. Local Unit staff should not become overburdened with paper work required by the system. Thus, careful attention must be given to the information that is needed, and the manner and frequency with which such information must be collected and recorded. Input from the Local Units on the system's benefits and requirements will be a critical factor in ensuring that accurate information is entered consistently into this management information system.

STANDARD D-10

THE STATE DIVISION'S OPERATION OF THE CENTRAL REGISTER SHOULD ENSURE THAT CHILDREN'S AND FAMILIES' RIGHTS TO PROMPT AND EFFECTIVE SERVICES ARE PROTECTED

Guidelines

- Establish case record for every report of suspected child abuse and neglect received by State Division or Local Unit. Record should contain sufficient information to identify a specific case, assessment responsibility, and case assessment time limitations
- Enter case records into the Central Register information system within 24 hours of receipt of the report, noting that the case is "under investigation"
- Include case records for all reports of institutional child abuse and neglect, including the name of the institution in the record
- Assess the other types of information (e.g.,types of services offered and received, case review conclusions, reasons for case termination) that will help ensure that children and families receive prompt and effective services. (See Standard D-9 for planning information that will also help ensure overall prompt and effective delivery of services)

- Provide Local Unit with copy of case record for correction and expansion, and/or updating as more information becomes available

- Enable the system to meet the following conditions:

  (1) information can be easily added to or deleted from a case record
  (2) specific information can be easily identified and extracted
  (3) data can be extracted for special reports
  (4) increased volume of data can be accommodated

- Establish time frames within which information must be received from Local Unit, such as:

  (1) initial assessment within seven days after report of suspected child abuse and neglect received by Local Unit or State Division
  (2) progress reports including expanded and updated demographic data on child, siblings, and caretakers, and plans for protective treatment, or ameliorative services
  (3) final reports (to be made no later than 14 days after a case is determined "unfounded" or closed), including evaluation of the reasons for closing the case
  (4) case status (e.g., "under investigation," "unfounded," "under care," or "closed")

- Have capability to produce reports about missing or overdue information and establish procedures to follow up on overdue reports or information not received from the Local Unit within five working days after the deadline established for their receipt

STANDARD D-11

THE STATE DIVISION'S OPERATION OF THE CENTRAL REGISTER SHOULD ENSURE THAT CHILDREN'S AND FAMILIES RIGHTS TO PRIVACY ARE PROTECTED

Guidelines

- Ensure that all case records and reports which contain identifying information about any individual are confidential

- Develop procedures for safeguarding the release of identifying information to only those agencies or individuals authorized by State Law to receive such information (Cross-reference to STATE LAW, Standard A-4, p. III-9) by:
    (1) having regulations regarding the provision of satisfactory identification
    (2) releasing no information unless the record prominently states whether the report is "under investigation," "unfounded," "under care," or "closed"

- Ensure that authorized agencies and individuals can obtain information about the existence and status of prior reports on a child or sibling 24 hours per day, seven days per week

- Establish and enforce expungement policies and procedures to protect the rights of individuals identified in case records or reports and to maintain the integrity of data in the information system. Specifically:
    (1) all records on cases which are "unfounded" should be removed from the Central Register immediately (even if such records contain no identifying data) to ensure validity of incidence data on abuse and neglect
    (2) records and reports on "founded" cases should be removed from the Central Register files no later than five years after the close of the case. If, however, an additional report is made on the same child, sibling, offspring, or concerning the same family, records of "closed" cases should be retained for a period of five years after such subsequent report
    (3) authorization should be granted to amend or remove any records upon good cause shown and upon proper notice to affected individuals or agencies

- Provide that a subject of a report can request the State Division to amend, expunge identifying information, or remove the record of the report from the Central Register. (If the request is not acted upon within 30 days, the subject has a right to a fair hearing within the State Department)

Commentary

In designing and operating a Central Register system that both protects the rights of an individual's privacy and at the same time ensures that a family receives effective services promptly, several things must be carefully considered. First, the State Division must have some record of all reports of suspected child abuse and neglect to fulfill its overall management responsibilities regarding prompt assessment and delivery of needed services. However, inclusion of names in such records raises issues of confidentiality and invasion of privacy, particularly when the reported incident of suspected child abuse and neglect is being assessed. Thus, it is extremely important that cases "under investigation" are clearly dileneated in the Central Register from those that are "founded"; and that only records on "founded" cases remain in the Central Register for the specified time period.

Second, when entering names into the Central Register system, special attention needs to be paid to the manner in which they are recorded. With the current mobility of many families, addresses will not always remain the same; therefore, this element of information may not be helpful in identifying past occurrences of abuse and neglect. Name of the child abused or neglected, the parents or other adults responsible for abusing or neglecting the child, and the names of the siblings will thus be the key elements of information which must be used to determine if a prior incident of abuse or neglect has occurred to the same child or in the same family. The last name of the suspected victim, the last name of the parent or adult involved, and the last name of some or all of the siblings may be different. Also, the last name of the mother may change between the time of one report and the time of another report. Another complicating factor will be the form in which the names are maintained. For example, Joey Smith may not immediately be established as the same child named Joseph Allan Smith. Thus, attention should be given to obtaining and recording the full name of each of the individuals who are subjects of a "founded" report; any previous last names should be obtained, including any aliases; and the use of nicknames (except as supplemental information) should be avoided.

Another factor that needs to be reviewed if this Standard and the previous Standards are to be successfully implemented is the need for computer processing to maintain and retrieve the necessary information. Either a manual system or a computer system could be used. The desirability of one over the other can only be determined through a cost-benefit anlaysis for any given situation.

An additional area to be considered is the need for some type of "quick reference" file. One of the Guidelines states that it should be possible to determine within a few minutes, 24 hours per day and seven days a week, whether or not a prior report has been made on the same subject, a sibling, or about the same parents or caretakers. If the system is computerized, it may not be economically feasible to operate the system 24 hours per day and seven days per week because of the back-up equipment that this would require. Even with a manual system, only a limited number of people will be available during non-business hours. A "quick reference" file could be used during non-business hours and with a computerized system on those occasions when the computer is not operational because of breakdown or shut down for routine maintenance. This manual "quick reference" file, which could be prepared by a computer, could index perhaps only the names of suspected or verified victims of abuse or neglect, the parents and other children in the home. In the case of differences in names, cross-references could be developed. This file would not supply any detailed information, but it would show that a previous report had been made. Detailed information could then be supplied during the next working day.

In cases where the Central Register is initially being established or is being modified greatly, records of previous incidents may not exist in the form required. This will create a problem in providing information on previously reported incidents to the appropriate local agencies or to authorized individuals. A review of this problem may show that efforts to locate all existing records of reported child abuse and neglect throughout the State and convert them to the form required by the Central Register system may be prohibitive in terms of time and cost. Alternatives would be to exclude any previous reports of abuse and neglect or to convert and include only selected records, i.e., only those that are readily available and contain most of the necessary information. Whatever approach is used, the type of information available and any constraints on obtaining information should be disseminated to all agencies, groups, or individuals who will be using the Central Register to minimize misunderstanding about what the Central Register contains and can provide.

Resource Enhancement

STANDARD D-12

THE STATE DIVISION SHOULD ENSURE THAT TRAINING IS PROVIDED TO ALL DIVISIONAL, REGIONAL, AND LOCAL STAFF

Guidelines

- Identify training needs and priorities that cover:
  (1) skill development for professionals, parent aides, and volunteers, including diagnostic skills, case assessment skills, knowledge of how to make referrals, and how to utilize community resources

(2) reporting and other procedures, including those procedures required when initiating court action or inter-disciplinary case management
(3) basic attitudes
(4) knowledge about different cultural and ethnic groups
(5) operational definitions

- Identify funding sources for training
- Identify strategies for training, including coordination with other groups and "training" the trainers
- Develop an annual training plan that:

  (1) specifies goals, content, format and frequency for orientation and in-service training sessions for all levels of staff
  (2) delineates monitoring and evaluation strategies

- Standardize training throughout the State by providing materials and guidelines and by disseminating information on existing curricula (e.g., titles, target groups, content, requisition procedures, costs) to Divisional, regional and local staff
- Provide technical assistance and consultation to regional and local staff on issues related to training,such as:

  (1) training techniques and strategies including: utilization of printed materials; audiovisual aids; role playing; small group discussions; working with multi-disciplinary teams; and working with trainees of various ethnic and cultural backgrounds
  (2) training content
  (3) use of training materials with those who work primarily with minority populations (e.g., Spanish-speaking, Native American) or with other special populations (e.g., rural, adolescents, sexually abused children)

- Establish liaison with and encourage institutions of higher education, particularly graduate schools of social work, to provide multi-disciplinary pre-service training programs in the prevention, identification, and treatment of child abuse and neglect
- Provide annotated bibliographies on materials related to child abuse and neglect

STANDARD D-13

TO GAIN KNOWLEDGE ON THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT, THE STATE DIVISION SHOULD CONDUCT AND/OR SPONSOR RESEARCH, EVALUATION, AND DEMONSTRATION EFFORTS

Guidelines

- Cross-reference to RESEARCH AND EVALUATION, pp. III-32 to III-43
- Determine appropriate organizational means for conducting demonstration projects and executing research and evaluation activities including:
  - (1) establishing a separate research and evaluation unit
  - (2) working with existing Departmental research and evaluation division(s) and appointing a Divisional staff person(s) to serve as liaison
  - (3) using contracting and grant mechanisms
  - (4) utilizing volunteer researchers
  - (5) undertaking such activities on a regional basis
  - (6) using review panel(s) to assist in the award of grants and contracts
- Establish priorities for demonstration projects, research, and evaluation considering:
  - (1) gaps, fragmentation, and duplication in the State's service delivery
  - (2) other areas needing increased knowledge
  - (3) ways to assist Local Authority in needs assessment and planning processes
- Minimize duplication of effort by translating demonstration, research, and evaluation priorities into short- and long-term plans for dissemination to interested individuals and groups
- Develop the following:
  - (1) needs assessment strategies, instruments, and plans for use by counties and communities
  - (2) guidelines for the format and content of demonstration, research, and evaluation proposal which might include:
    - (a) specification of objectives
    - (b) measures to be used to assess progress toward these objectives
    - (c) hypotheses to be tested
    - (d) projection of anticipated results
    - (e) evaluative criteria

   (3) quality control standards and guidelines for use by projects to facilitate comparison of proposals and results

- Monitor all State-funded demonstration projects, research, and evaluations for compliance with quality control standards and guidelines
- Coordinate information requirements with staff of the Central Register to:
  (1) ensure that the information useful for developing plans and strategies is available
  (2) encourage the Central Register to collect and maintain information which permits generalized analysis and evaluation
- Coordinate all State-funded child abuse and neglect demonstration projects, research, and evaluation with other service systems
- Establish linkages and exchange information with major research centers and universities whose work concentrates on children, families, and child abuse and neglect and whose staff collects and maintains materials on these topics
- Coordinate demonstration projects, research, and evaluation plans with other States with similar problems and needs so that, whenever possible, resources can be consolidated and results can be shared for more widespread utilization
- Disseminate findings from demonstration projects, research, and evaluation to the State Department, other State departments, Local Authorities, and legislators on a routine basis
- Incorporate findings and implications into Annual State Plan on Services for Children and Families
- Provide technical assistance and consultation to Local Authorities in interpreting and translating findings into practice, focusing on such issues as:
  (1) the relationship between the needs or problems identified during needs assessment studies and the results
  (2) the benefits that demonstration, research, or evaluation results could have for a program
  (3) the requirements and approaches that are pertinent to incorporating findings into an on-going or new program
  (4) methodological concerns which may affect validity of results

STANDARDS FOR STATE AUTHORITY

Commentary

One purpose of this Standard is to minimize duplication of research and evaluation efforts and facilitate the best utilization of scarce resources by designating a State-level focal point to conduct or sponsor demonstrations, research, and evaluation. Another purpose is to stimulate demonstration and pilot projects, program-directed research, and evaluation that will provide a State's child abuse and neglect programs with information for use in improving their administrative operations, coordination of services, and delivery of preventive and treatment services.

In implementing this Standard, there are several issues that require review. First, a State may want to consider an incremental approach by initially working with a few selected counties and communities and gradually increasing the number of research activities, and evaluations over a period of time.

A second factor that needs to be considered involves the organizational structure that is to supervise or undertake such activities. The Guidelines recognize that there exist several alternative models for the State-wide conduct of demonstration projects, research, and evaluation. There are advantages and disadvantages associated with each model. In selecting a model for the conduct of demonstrations, research, and evaluation, the State Division should consider such factors as:

- Its staff, finances, and other resources available to conduct in-house demonstrations, research, and evaluations
- The availability and adequacy of an existing research and evaluation division within the State Department of Social Services
- The proximity of major research center(s) and their interest in participating in or sponsoring demonstrations, research, and evaluations
- The availability of funds to purchase such services.

STANDARD D-14

TO FACILITATE THE IDENTIFICATION AND REPORTING OF CHILD ABUSE AND NEGLECT, THE STATE DIVISION SHOULD DEVELOP AND PROVIDE PUBLIC AND PROFESSIONAL EDUCATION

Guidelines

- Identify target populations (including professional, non-English speaking, and minority groups) and strategies for reaching those populations
- Develop public awareness and professional education materials that stress:
  (1) self-referral by parents and children
  (2) when to report (including indicators of "high risk" and how to use them with discretion, sensitivity, and judgment)
  (3) who should report
  (4) how to report
  (5) what happens when a case is reported
  (6) coordination among professional groups
- Provide public awareness and professional education materials to other service systems
- Establish and maintain good public and press relations
- Coordinate above activities with State Committee efforts
- Serve as State clearinghouse on prevention, identification, and treatment of child abuse and neglect
- Prepare, compile, and disseminate public awareness and professional education material utilizing various media (e.g., television, radio, newspapers, billboard advertising)
- Evaluate the impact of the public awareness and education campaigns, as determined and agreed upon with the State Committee

Commentary

The purpose of this Standard is to emphasize the importance of providing information to public and private agencies, professionals, and the general public in order to facilitate the identification and reporting of suspected child abuse and neglect. A State level focal point for the centralized development, compilation, and dissemination of materials is advocated to prevent duplication of effort, utilize financial and staff resources effectively, guarantee that public information campaigns be geared toward special populations, and ensure that a common approach to public and professional education is taken throughout the State.

In developing materials to reach target populations, special attention must be paid to the concerns of such groups as the non-English speaking, Native Americans, rural residents, etc. Innovative strategies, such as publishing public information materials in foreign languages, hiring bilingual staff, and hiring staff from diverse ethnic backgrounds, should be considered.

STANDARD D-15

THE STATE DIVISION SHOULD ENSURE THAT NATIVE AMERICAN INDIAN CHILDREN AND THEIR FAMILIES RECEIVE THE SAME QUALITY AND RANGE OF SERVICES AS NON-INDIANS, AND THAT THESE SERVICES MEET THE CHILDREN'S NEEDS RELATIVE TO THEIR AMERICAN INDIAN HERITAGE AND STATUS AND TO THEIR RELATIONSHIP WITH THE DOMINANT SOCIETY

Guidelines

- Ensure that the full range of State-sponsored protective services are available on all Indian reservations
- Require regular meetings with Indian tribal councils to report on services and to engage in cooperative efforts to prevent, identify and treat child abuse and neglect
- Recruit, train and license American Indian foster homes on Indian reservations for all Indian children in need of such services
- Support the establishment and maintenance of emergency shelters for children on Indian reservations
- Maintain current information about relevant sections of Indian tribal codes in the State
- Provide that the tribal enrollment of all Indian children under the care of the State is verified and/or take all necessary steps to have children enrolled when they are eligible

- Provide for Native American Indian staff members to be represented proportionately to the numbers of Native American Indian children in caseloads
- Provide training opportunities for staff serving Indian clients in Indian law, cultures, traditions, history, literature and related areas
- Maintain liaison with the local and Area Offices of both the Bureau of Indian Affairs and Indian Health Service
- Provide leadership in the establishment of multidisciplinary child abuse and neglect case consultation teams on all Indian reservations in the State (Cross-reference to LOCAL AUTHORITY, Standard E-8, p. III-94)

SECTION E: STANDARDS FOR LOCAL AUTHORITY

For the purposes of this document, Local Authority refers to: (1) the Local Social Services Agency (designated by the State Department of Social Services and authorized by State Law to be responsible for local child abuse and neglect prevention and treatment efforts); and (2) the Community Child Protection Coordinating Council. The Standards in this Section are based on the premise that a readily identifiable Child Protective Services Unit (Local Unit) within the Social Services Agency, together with the Community Child Protection Coordinating Council, should assume the leadership role in developing, delivering, and improving local child protective services.

The organizational model recommended for the Local Social Services Agency is that the Child Protective Services Unit be located within a Child Welfare Bureau, and, thus, be an integral part of a total program designed to insure the well-being of children and their families. It is recognized that some localities have different types of "umbrella" bureaus or agencies (e.g., child and family services, human resources). The salient point is that the Local Unit should be visible as a separate organization, having special responsibility for children who are in danger because of their family environments, and yet be interwoven with all other child welfare services that support and strengthen children's development and family life.

While recognizing that families should not be shifted unnecessarily from one worker to another, the recommended organizational model for the internal structure of the Local Unit, as proposed in these Standards, is that there be protective services workers assigned for initial receipt and assessment of child abuse and neglect reports (intake) and other workers assigned for on-going treatment services (treatment). The advantages of the recommended model include: consideration of staff preferences and skills; staff specialization; the opportunity to provide children and families with consistent treatment services (e.g., treatment staff do not have to "break" on-going appointments to respond to a new, emergency report of abuse or neglect); and enhancement of the family's relationship with a treatment worker (since any anger towards involuntary intervention usually becomes focused on the intake worker). In a situation requiring the placement of a child in an emergency or foster care home, the worker assigned to the case (whether intake or treatment) should be directly involved in the placement process, while collaborating very closely with the Child Welfare Bureau's foster care staff.

This organizational arrangement, or any other arrangement used, should meet the following criteria:

- Twenty-four hour, seven day per week response capability
- Regular contact with children and families in need of protective services. Flexibility in situations where it is assessed to be more therapeutic for the child or family to continue receiving services from the intake worker, and in situations, such as self-referrals, where it is considered more therapeutic for services to be initiated by a treatment worker
- Access to the community's emergency, support, treatment, and other resources; and clear communication channels with these resources.

In relation to the last point above, it should be stressed that the Local Unit alone cannot provide all of the services needed to strengthen families. Other services must be provided by other public and private agencies. When several agencies are involved in service delivery, the potential for fragmentation and duplication is multiplied. Thus, the Community Child Protection Coordinating Council is recommended to help achieve coordination and alleviate other related problems.

Although responsibility for implementing certain Standards in this section is assigned to the Social Services Agency, the Local Unit, and/or the Community Council, this does not preclude implementation of these Standards by the State in a State-administered system. Whether a State's service delivery system is State-administered or locally-administered, the potential for achieving these Standards rests with the persons responsible for implementing needed changes.

In view of the fact that geographic population distribution can significantly affect delivery of services, organizational structure, staffing, and outreach strategies, the Standards also address, when appropriate, urban and rural differences. Alternatives for urban and rural areas are discussed in the Guidelines or in the Commentaries, and include for urban areas:

- Decentralized arrangements including satellite offices
- Outreach activities targeted towards high-volume settings, such as schools.

Rural area intervention strategies include:

- Combining adjacent geographic areas into single service jurisdictions
- Sharing supervisors, specialists, and training opportunities

- Distributing public information materials in post offices and general stores
- Utilizing mobile units
- Establishing multi-service centers.

Special arrangements for servicing diverse ethnic and cultural groups are also an important consideration for communities with such populations. Strategies to be considered for reaching various ethnic groups and understanding subcultural differences among families include the following:

- Bilingual staff or access to interpreter(s)
- Professional staff of diverse ethnic and cultural backgrounds
- Outreach staff or parent aides from low-income backgrounds
- Public education materials printed and disseminated in foreign languages, and published in foreign language newspapers
- Staff training designed to:
    - -- increase knowledge and awareness of cultural differences (e.g., in values, family concepts, child rearing and parenting, and behavior characteristics) of various ethnic groups
    - -- improve intervention strategies for various ethnic groups
    - -- increase understanding of the effects of racism
- Participation on the Community Child Protection Coordinating Council by representatives of various ethnic groups
- Staff involvement in community socialization efforts for newly arrived immigrants.

In summary, the Standards on Local Authority have been developed on the premises that, first, child protective services should be available in every community, and second, a coordinated community-wide service network must exist to assist with child protective efforts. These are basic prerequisites for effectively preventing, identifying, and treating child abuse and neglect.

STANDARDS FOR LOCAL AUTHORITY

Administration and Management

STANDARD E-1

THE LOCAL SOCIAL SERVICES AGENCY (LOCAL AGENCY) SHOULD ESTABLISH A DISTINCT CHILD PROTECTIVE SERVICES UNIT(S) WITH SUFFICIENT AND QUALIFIED STAFF

Guidelines

- Consider applicants' personality traits and needs as important factors in making hiring and job placement decisions
- Appoint person(s) to specialize in child protective services, with size of staff based on:
  - (1) size of agency
  - (2) population density
  - (3) travel time
  - (4) volume of child abuse and neglect reports
  - (5) organizational model utilized for receipt of reports
  - (6) other duties of staff (e.g., participation on task forces)
- Assign specific staff for purposes of intake (receipt and evaluation of child abuse and neglect reports) when the Local Unit has two or more child protective services workers
- Have the following types of intake staff who have the qualifications cited:
  - (1) intake supervisor
    - (a) master's degree in social work
    - (b) background in child welfare services that includes a minimum of two years of experience in protective services and an additional year of experience in assessing clients' needs for child welfare, mental health, or other social services
  - (2) intake services workers
    - (a) a master's degree in social work or a related discipline (preferable); bachelor's degree in social work

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        - (b) background in child welfare services that includes a minimum of one year of experience in protective services
        - (c) highly developed social work and crisis intervention skills
        - (d) knowledgeable in child development
    - (3) support staff, including a nurse(s), a homemaker(s) and/or a caretaker(s) -- hired as part of the Local Unit, or directly accessible to the Local Unit
    - (4) specialized consultants available to the Local Unit such as a pediatrician(s), a psychiatrist(s), a psychologist(s), an attorney(s), and a person(s) with expertise in sexual abuse
    - (5) staff to meet special needs of client population such as persons with bilingual skills and persons from diverse cultural backgrounds
    - (6) clerical staff

- Establish for intake services workers caseload standards that facilitate immediate and direct response to all child abuse and neglect reports such as:

    - (1) ratio of one intake worker to every twelve to eighteen reports received per month
    - (2) ratio of one supervisor to every four intake workers

- Provide compensation to intake staff for "after-hours" emergency response to child abuse and neglect reports

- Assign specific staff for purpose of treatment (provision and/or obtainment of services and resources to meet the needs of the child, individual member, and the family as a unit) when the Local Unit consists of two or more protective services workers

- Hire, whenever possible, the following types of treatment staff who have the following specified qualifications:

    - (1) treatment supervisor
        - (a) master's degree in social work
        - (b) background in child welfare services that includes a minimum of two years of experience in protective services and an additional year of experience in providing specialized treatment services
        - (c) specialized skills in individual, family, and group counseling

(2) treatment services workers
   (a) master's degree in social work or a related discipline (preferable); bachelor's degree in social work
   (b) minimum of one year's experience in child welfare services
   (c) specialized skills in individual, family, and group counseling
   (d) knowledgeable in child development
(3) support staff such as case aide(s), a caretaker(s), and a homemaker(s)
(4) specialized consultants available to the Local Unit, such as a pediatrician(s), a psychiatrist(s), a psychologist(s), an attorney, and a person with expertise in sexual abuse
(5) staff to meet special needs of client population such as persons with bilingual skills and persons from diverse cultural backgrounds
(6) clerical staff

- Establish for treatment staff caseload standards that facilitate consistent management and provision of services such as:

  (1) ratio of one treatment worker to every 20 to 25 cases
  (2) ratio on one supervisor to every five treatment workers

- Consider the following staffing options for urban areas:

  (1) worker specialization in physical abuse, adolescent abuse, and/or sexual abuse
  (2) assignment of cases on the basis of geographic area

- Consider the following staffing options for rural areas:

  (1) assuming a generic child welfare caseload
  (2) sharing of a supervisor by several Local Units
  (3) sharing of specialized consultants on a regional basis

- Purchase diagnostic, treatment, and/or support services, when these services are not available directly from the Local Unit

- Assign staff for placement of abused or neglected children who require care outside of their own homes by:

(1) delegation by Local Agency of child placement responsibility to the Local Unit or

(2) delegation by Local Agency of child placement responsibility to the Agency's foster care unit and appointment of a staff member(s) with work experience in both foster care and child protective services to serve as a liaison between the two units

Commentary

The purpose of this Standard is to guarantee that the Local Unit has sufficient and well trained staff. Specifically, the Guidelines are designed to show:

- The factors that must be considered in hiring staff, including staffing alternatives for urban and rural areas
- Minimum qualifications for intake and treatment staff
- The intake and treatment caseload standards that must be established to provide services efficiently and effectively.

In establishing caseload standards for intake and treatment, several issues need to be considered. First, it should be stressed that the workload norms recommended in these Guidelines are to be used as tools to assist in establishing manageable caseloads and not as rigid requirements subject to compliance.

Second, there are a number of variables which affect the number of cases that can be handled effectively by a staff person. In determining caseload standards, the following factors are to be taken into consideration:

- Geographic area covered
- Availability of and accessibility to other service providers, including clinical support to the Local Unit
- Worker skills
- Type of case
- Complexity of case
- Family size

- Number of other service providers involved in the case
- Amount of time worker spends on other Unit activities.
- Clerical supports for workers

Another issue that needs to be addressed concerns the number of new cases which should be assigned to a worker. This is a critical issue since new cases often mean that a worker will have less time to spend on ongoing cases. This issue is not resolved by the mere establishment of caseload standards, however, because of the variations among workers in closing inactive cases or in determing when services can be terminated.

Variables in case, worker, agency, and community greatly affect the meaning of a caseload norm which is expressed in terms of number of cases, families, or children. Therefore, another area that needs review is the advisability of utilizing a method other than caseload standards, which are expressed in absolute numbers, to achieve manageable workloads. For example, workload standards could be developed by calculating the time required to carry out each service and then assigning a weight to each unit of work. A public agency that utilizes such a weighting system could assign a weight of one to each family, a weight of one to a child in his own home and not under court custody, a weight of two for a child in foster care, and a weight of three for a child under court custody. A standard caseload utilizing this approach would total 108 units. Another method is to calculate average units by type of service. With this method, one unit equals one-half hour of staff time; the number of units estimated to stablilize the situation remains constant. For example, the average for a crisis intervention service totals 30 units per quarter; the average for foster care supervision including work with the natural parents equals 72 units per quarter; and the average for services to children in their homes equals 40 units per quarter. It is recognized that such weighting systems often require substantial time investments in terms of their initial design, implementation, and ongoing maintenance.

Finally, serious consideration should be given to the assignment of cases for treatment according to worker preference. Such flexibility on the part of the administrator and supervisor involves workers in the Local Unit's decision-making process, permits staff to pursue their particular interests and utilize their special skills, and promotes staff satisfaction.

STANDARDS FOR LOCAL AUTHORITY

STANDARD E-2

THE LOCAL AGENCY IN COOPERATION WITH THE STATE DEPARTMENT SHOULD ALLOCATE SUFFICIENT FUNDS AND PROVIDE ADEQUATE ADMINISTRATIVE SUPPORT TO THE LOCAL CHILD PROTECTIVE SERVICES UNIT (LOCAL UNIT)

Guidelines

- Utilize all available funding including:
  (1) Federal and State resources
  (2) matching Federal and State Title XX funds with local funds so that a range of services can be purchased locally
  (3) other local (public, private, volunteer organization) funds for prevention and treatment services
  (4) demonstration grants
  (5) in-kind contributions such as volunteer services and services obtained through student field placements
- Elicit active participation of Local Unit in formulating annual protective services budget
- Ensure that sufficient staff and resources are available to deliver those services mandated by the State Department of Social Services (Cross-reference to STATE AUTHORITY, p. III-48)
- Determine other services that should be offered to strengthen families and assess what resources can be allocated to provide these services
- Determine type and scope of services to be delivered directly by the Local Unit versus those to be delivered by other Local Agency units
- Determine type and scope of services to be purchased from or developed by other service providers in the community
- Provide administrative support to the Local Unit by:
  (1) establishing flexible working hours
  (2) permitting varied job responsibilities (e.g., public speaking, developing resources both within and outside the Agency, and conducting training activities)
  (3) promoting the development of needed or improved resources both within and outside the Agency

STANDARD E-3

THE LOCAL AGENCY SHOULD PROMOTE INTERNAL AGENCY COORDINATION TO ENHANCE THE DELIVERY OF SERVICES TO ALL CHILDREN AND FAMILIES

Guidelines

- Provide for shared understanding of each unit's purpose, goals, objectives, strengths, and limitations of service delivery programs
- Develop guidelines for transfer and acceptance of cases between Local Agency units and include above areas in a policy and procedures manual to be disseminated to all Local Agency staff
- Establish a liaison between the Local Unit and Aid to Families with Dependent Children, day care, foster care, adoption, homemaker, and public assistance and generic intake units
- Participate jointly in conferences and training
- Share responsibility for collecting information and data to reduce fragmentation and duplication of efforts in areas of: needs assessment, planning, monitoring, research, review, and evaluation

Commentary

The objective of this Standard is to facilitate close working relationships between the Local Unit and other Agency units. This is essential since the other units provide services frequently needed by the Local Unit for its child abuse and neglect prevention and treatment activities and/or the other units may identify situations of child abuse or neglect in their own caseloads which require Local Unit intervention. Further, all Local Agency efforts are geared toward improving the well-being of children, adults and/or families; and as such, each unit is dependent upon the effectiveness of the others.

STANDARD E-4

THE LOCAL AGENCY SHOULD FULFILL ITS ETHICAL AND LEGAL RESPONSIBILITIES TO THE CHILDREN, ADULTS, AND FAMILIES IT SERVES

Guidelines

- Accept responsibility to protect the rights of children, adults, and families
- Examine programs, policies, and procedures so that rights are not violated (Cross-reference to LEGAL RIGHTS, pp. III-25 to III-32)
- Implement changes in programs, policies, and procedures, as necessary, to ensure the protection of rights

Commentary

Although there are many ethical and legal responsibilities that the Local Child Protective Services Unit must fulfill to meet the needs of children, adults, and families, the most important of these is to provide services that strengthen families. Placement of an abused or neglected child away from his own home should occur only when the child is in imminent danger or when the child (or his parents) require separation to facilitate treatment goals. Even when placement occurs, continued support services to the child and his parents are necessary to resolve the problems that created the need for placement.

STANDARD E-5

TO FOSTER COOPERATIVE, COMMUNITY-WIDE CHILD PROTECTION EFFORTS, THE LOCAL AGENCY SHOULD INITIATE THE ESTABLISHMENT OF A COMMUNITY CHILD PROTECTION COORDINATING COUNCIL (COMMUNITY COUNCIL)

Guidelines

- Include representatives of local law enforcement agencies, the juvenile or family court, appropriate public, private, and parental organizations, and individuals of distinction in human services, education, health, law, and community life

STANDARDS FOR LOCAL AUTHORITY

- Insure that members are broadly representative of social and economic groups in the community

- Have no less than five and no more than fifteen members

- Assign the following responsibilities to the Community Council:

  (1) coordinating and developing community-wide child abuse and neglect prevention, treatment, and resource enhancement activities
  (2) convening task forces or subcommittees to focus on areas such as planning, multi-disciplinary teams, training, community education, and funding
  (3) providing input into the Local Plan of Action (Cross-reference to Standard E-6)
  (4) serving as a conciliation team in situations of institutional abuse and neglect (Cross-reference to STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT, Standard K-I-6, p. 229)

- Require the Community Council to develop a written statement clearly identifying its purpose and overall responsibilities

- Advise the Community Council to develop a written statement of operating procedures including:

  (1) a method for selecting the chairperson
  (2) responsibilities of the chairperson and committee members
  (3) terms of service of the chairperson and members
  (4) recommended frequency, dates, and locations of meetings
  (5) procedures for the conduct of meetings

Commentary

Through the establishment of a Community Child Protection Coordinating Council, it is hoped that a structure of cooperative community services will be developed to foster indigenous and responsive prevention, treatment, and resource enhancement efforts. Guidelines which accompany the Standard are based on the assumptions that:

- The Community Council is to be a "working" body
- The Community Council is to be composed of lay representatives and representatives from local public and private agencies.

Several issues must be considered in assembling a "working" Community Council. First, a Community Child Protection Coordinating Council or similar group may already exist in some communities in response to Federal recommendations, State legislation, administrative directives or local concern. If such an existing Community group already is fulfilling this Standard or can be modified to do so, this group may be designated as the Community Child Protection Coordinating Council.

A second issue to be considered involves the operation of the Community Council. Although this Standard pictures the Community Council as an action-oriented body, initially the Community Council may more closely resemble an advisory group. As Council members become more familiar with one another and with their role as change agents, the Council can assume a more active function.

Third, in convening the Community Council, an atmosphere must be maintained that will allow for constructive criticism. In addition to the Council's responsibilities as defined in the Guidelines, a Community Child Protection Coordinating Council can provide feedback to the Local Unit and other service providers on problems in the community's service delivery network. For example, Council members might present, at Council meetings, their respective agencies' concerns and questions. Task forces or subcommittees to the Community Council might be formed to consider solutions to specific problem areas. Thus, the Community Council can play a critical role in upgrading the Local Unit's child protective services and the preventive and treatment services provided by other service systems.

Another issue to be considered concerns existing local welfare (advisory) boards which often play a significant role in budgetary, staffing, and other administrative matters. Although an individual locality must determine for itself the appropriate mechanism(s) for linkages between the Community Council and the existing welfare board, the need to work with such a board must not be overlooked by Council members.

Fifth, the Community Council needs to establish and maintain communication and a close working relationship with the Health Systems Agency (HSA) created under P.L. 93-641, the Health Planning and Resources Development Act of 1974. The HSA, designed to serve as the vehicle for coordinated planning of the health care system, is charged with: (1) developing and implementing a plan to improve the health care of its area residents; (2) gathering and analyzing area data on health status, health facilities, etc.; and (3) reviewing and approving Federal grant applications from community organizations under the Community Mental Health Centers Act; Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970; Drug Abuse Office and Treatment Act, Section 409 and 410; and Public Health Service Act. Since the HSA and its activities will impact services provided for the prevention and treatment of child abuse and neglect, it is imperative that there be communication between the HSA and the Community Council. Although each community must determine the most appropriate mechanism, one possibility that should be considered is to have an HSA representative participate on the Community Council.

A final area for consideration involves a potential conflict for Community council members when budget allocations and other fiscal matters are discussed at Council meetings. Community Council members may be asked to make recommendations for the allocation of funds to their own agencies, or to make commitments, without prior approval by their host agencies or boards of directors, concerning the distribution of their agencies' monies. Procedures, such as prohibiting Council members from voting on the allocation of funds to their own agencies, should be developed by the Community Council to deal with such potential conflicts.

Prevention and Treatment

STANDARD E-6

THE LOCAL UNIT AND THE COMMUNITY COUNCIL SHOULD DEVELOP JOINTLY AN ANNUAL COMPREHENSIVE AND COORDINATED PLAN FOR THE DELIVERY OF CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT SERVICES

Guidelines

- Identify key community agencies and individuals who are concerned with the child abuse and neglect prevention and treatment efforts
- Identify the personal and environmental forces that contribute to the child abuse and neglect problem, in general
- Identify the environmental forces that appear to have the most negative impact in the community
- Recognize joint roles and responsibilities for prevention and treatment
- Identify information needed to develop the Local Plan of Action including:
    (1) local demographic data
    (2) existing public and private prevention and treatment resources
    (3) comprehensiveness of existing public and private services
    (4) costs of existing public and private services
- Develop recommendations for a formal community needs assessment
- Determine whether necessary information for the needs assessment will be collected and analyzed by:
    (1) the State Authority alone (See Standard D-6, p. III-55)
    (2) the Local Authority in conjunction with the State Authority
    (3) a task force or individual appointed by the Local Authority

STANDARDS FOR LOCAL AUTHORITY

- Prepare a Local Plan of Action which:
  - (1) focuses on realistic, measurable, time-limited goals and objectives
  - (2) includes action plans and specific milestones
  - (3) describes monitoring and evaluation activities
  - (4) coordinates with Title XX, Title IV B, health, and other planning processes
- Submit the Local Plan of Action to State Department, State Child Protection Coordinating Committee, and the County Commissioners or the Mayor
- Accept responsibility for change by:
  - (1) convening task forces or subcommittees that oversee implementation of the Local Plan of Action
  - (2) developing contracts or agreements between the Local Unit and other agencies or organizations represented on the Community Council to delineate roles and responsibilities for providing or developing:
    - (a) advocacy services
    - (b) support services
    - (c) services for children and adolescents
    - (d) services for adults
    - (e) services for families
    - (f) client participation services
    - (g) emergency services
    - (h) services for involuntary clientele
  - (3) implementing (by each agency or organization represented on the Community Council) program policies that reinforce:
    - (a) child abuse and neglect reporting requirements and procedures
    - (b) roles and responsibilities for consultation, technical assistance, public and professional education, and training
    - (c) participation on the Multi-disciplinary Case Consultation Team
    - (d) coordination of financial resources
- Contribute to State and local planning processes, policies and legislation
- Contribute to the State Child Protection Coordinating Committee's Annual Report on Child Abuse and Neglect Prevention and Treatment

Commentary

The purpose of this Standard is to stress the need for a well-organized, formalized planning process which includes a needs assessment (needs assessment steps are elaborated under Standard D-6, State Authority, p. III-55). One product of this process is a clearly articulated and meaningful planning document, entitled a Local Plan of Action. This Plan is to delineate measurable community objectives regarding child abuse and neglect and specific tasks and milestones which can be evaluated to gauge progress toward these objectives.

STANDARD E-7

THE LOCAL UNIT AND THE COMMUNITY COUNCIL SHOULD DEVELOP OPERATIONAL DEFINITIONS OF ABUSE AND NEGLECT TO SERVE AS THE BASIS FOR LOCAL INTERVENTION STRATEGIES

Guidelines

- Base operational definitions on the State Law and on community standards regarding adequate physical and emotional care
- Define physical abuse, sexual abuse, physical neglect, emotional abuse and neglect and institutional abuse and neglect
- Obtain assistance in the development of the definitions from the State Division, the State Committee, and the Independent State Agency
- Use operational definitions as the basis for determining intervention strategies, such as:

  (1) emergency and priority situations which require immediate intervention by the Local Unit; for example:

    (a) all complaints of physical abuse
    (b) all complaints of sexual abuse

- (c) complaints alleging that children under the age of eight years are unattended
- (d) complaints alleging that children are without food
- (e) complaints involving children who are suffering from acute, untreated medical conditions
- (f) complaints alleging that parents of young children are psychotic, behaving in a bizarre manner, or acting under the influence of drugs or alcohol
- (g) complaints alleging bizarre punishment (e.g., locking a child in a closet, forcing a child to stay under a bed)
- (h) complaints alleging that a child or an adolescent is suicidal
- (i) complaints involving abandonment
- (j) complaints from hospital emergency rooms concerning children under their care
- (k) self-referrals from parents who state they are unable to cope, feel like they will hurt or kill their children, or wish their children's removal and placement away from home
- (l) cases in which protective custody is authorized

(2) situations which necessitate immediate, joint intervention of the Local Unit and the police; for example:

- (a) situations requiring the exercise of protective custody authority
- (b) complaints alleging that crimes (in addition to abuse and/or neglect) have been or are being committed
- (c) complaints suggesting that a child or a caseworker, or both, need protection against bodily harm
- (d) complaints alleging that it is necessary to secure forcible entry
- (e) a court order has been obtained and the parents refuse to allow the child to be removed

(3) situations which require joint intervention of the Local Unit and public health or visiting nurses; for example:

- (a) complaints involving a child's health
- (b) complaints alleging that parents are physically ill
- (c) complaints alleging that children are suffering from acute, untreated medical conditions or from sexual abuse

(4) situations which require joint intervention of the Local Unit and homemakers; for example:

    (a) complaints alleging unsafe housekeeping standards
    (b) complaints alleging that parents are physically or emotionally ill
    (c) complaints alleging that children under the age of eight years old have been left unattended
    (d) complaints alleging neglect

(5) situations which require joint intervention with other disciplines

(6) situations not considered to be the responsibility of the Local Unit

- Distribute the operational definitions and intervention guidelines throughout community services agencies

Commentary

In developing operational definitions of abuse and neglect several points require consideration. First, the definitions should reflect community as well as professional expectations of adequate care, and should take into account diverse child-rearing patterns which may exist in the community. Second, the definitions should be broad enough to authorize preventive as well as involuntary intervention. And, third, situations which are "preventive" should not be labeled as "abusive and neglectful."

STANDARD E-8

THE LOCAL UNIT AND THE COMMUNITY COUNCIL SHOULD ESTABLISH A MULTI-DISCIPLINARY CHILD ABUSE AND NEGLECT CASE CONSULTATION TEAM(S)

Guidelines

- Determine the geographic area in rural communities that can be served realistically by one Team

STANDARDS FOR LOCAL AUTHORITY

- Consider the establishment of more than one Team in urban areas when warranted by population density and number of child abuse and neglect reports

- Determine whether Team members can provide direct services to children and families, in addition to case consultation services

- Include as Team members individuals who have experience in case assessment, treatment planning, and case management and who represent, at a minimum, the following professions: physical health, mental health, social work, education, law, and law enforcement

- Include as Team members persons with knowledge or skills needed for specific types of cases (e.g., a representative from the military if there is a nearby military installment)

- Require that Team members be directly involved in preventing or treating cases of child abuse or neglect (or supervise those who have such contact), have sufficient authority to accept referrals, and can fully interpret their respective agencies' policies and procedures

- Develop a written statement which clearly identifies the Team's purpose and its operating procedures, including:

  (1) a method for selecting the chairperson
  (2) responsibilities of the chairperson and Team members
  (3) recommended frequency, dates, and locations of meetings
  (4) procedures for the conduct of meetings
  (5) procedures for case presentation

- Set guidelines for case presentation to include:

  (1) any Team member or his designee can request that a case be reviewed
  (2) the Local Unit should should present cases particularly when:

    (a) specific treatment needs are unclear
    (b) numerous community resources and treatment services require coordination
    (c) it is questionable whether a child can remain safely in his home
    (d) a permanent plan of foster care or adoption is under consideration
    (e) the child's return to his own home is under consideration

- Recommend that the Team perform the following functions, as appropriate, during case presentations:
    - (1) analyze available information on the child, the family, and individual family members, to determine if additional information is needed for informed decision making
    - (2) assess needs, strengths, and problems of the child, family, and individual family members
    - (3) recommend short- and long-range treatment goals based upon needs and problems
    - (4) identify potential problems in service delivery
    - (5) determine which available resources within the community can be utilized for the child and/or family members
    - (6) determine when the case should be presented for another review
    - (7) determine when the case can be closed
    - (8) promote the development of community resources for children and families that are needed but unavailable

- Require that Team members sign a written statement guarding the confidentiality of all information revealed during Team discussions

- Develop procedures for providing feedback to mandated reporters when this is authorized by State Law

- Develop mechanism(s) for resolving conflicts which might arise among Team members working on the same case

- Request that the Community Council conduct or arrange for an evaluation of the effectiveness with which services are coordinated by the Team

- Integrate results of the evaluation and Team members' recommendations for improved service delivery into a Local Plan of Action (See Standard E-6)

- Cooperate with individuals and groups conducting bona fide research on child abuse and neglect, if the following conditions are fulfilled:
    - (1) the purpose of the research is valid
    - (2) no information identifying children and families is made available, unless such information is essential to the research purpose
    - (3) suitable provision is made to maintain the confidentiality of the information

(4) acceptable research standards governing the protection of human subjects are followed by the researcher

(5) the head of the State Department or Local Agency gives prior written approval

Commentary

Traditionally, child protective services workers have assumed a variety of "roles" -- acting as nurse, attorney, law enforcement officer, social worker, etc. This has frequently resulted in role confusion for the worker and, moreover, in case decisions being made by the worker based upon insufficient knowledge.

The purpose of this Standard is to provide child protective services workers with assistance in making decisions, by establishing a Multi-disciplinary Case Consultation Team. The Team, with each member offering his special area of expertise, is to share in the responsibility for assessing and developing a plan of treatment on a case-by-case basis. In addition to providing for informed decision making regarding a child's health, safety, or general well-being, the Team offers child protective services workers the emotional support that they need to carry out difficult decisions.

Prior to establishing a Multi-disciplinary Team, the Local Unit and the Community Council should assess the geographic area to be served by the Team and also consider: (1) population density; (2) volume of child abuse and neglect reports; (3) anticipated number of cases requiring the Team's assistance; (4) travel time to attend the meetings; (5) the extent to which agencies represented by Team members serve the same geographic areas; and (6) prospects for adequate financial support via direct financial contributions, purchase of service agreements, or via agencies "donating" the members' time for Team participation.

In addition, developing and operating a Multi-disciplinary Team can require a considerable investment of time and energy on the part of Team members. Areas which the Team members need to consider and discuss include: (1) expectation for attendance at meetings and length of Team membership; (2) different disciplines' philosophies and approaches to service delivery, and communication terms unique to a discipline that require clarifications; (3) ways to capitalize upon Team members' previous experiences in working jointly with other disciplines; (4) how information is to be shared during Team meetings, particularly in regard to maintaining clients' confidentiality; (5) how to develop an atmosphere that allows for personal feelings to be openly expressed; and (6) how problems inherent in joint decision making are to be resolved.

Team members should also address the issue of client involvement in Team meetings. This area needs careful consideration because a client's presence at a Team meeting can have either positive or negative consequences for the client and for the Team. The positive aspects include: the client's active involvement in decision making, which may reduce resistance to the Team's possible treatment recommendations; and the Team's direct access to the client, which may facilitate a better understanding of the client, his needs, and his problems. These and other positive aspects should be weighed by Team members against the possible negative aspects, such as a client becoming emotionally overwhelmed by the Team's discussion, or the occurrence of reduction in Team members' candor and open sharing of information.

Although Team members may have, at times, difficulty resolving problems asociated with the establishment of a Multi-disciplinary Case Consultation Team, problem resolution can also facilitate good rapport and mutual respect among Team members. In turn, this can help the Team to become increasingly effective in its treatment role.

STANDARD E-9

THE LOCAL UNIT SHOULD PROVIDE OR ARRANGE FOR SERVICES TO ASSIST PARENTS WHO REQUEST HELP IN FULFILLING THEIR CHILD CARE RESPONSIBILITIES

Guidelines

- Define such situations as those in which a parent voluntarily requests help, and any one or more of the following:

  (1) whose psychosocial history indicates his being "high risk" as a parent
  (2) whose own problems are so overwhelming that he is unable either to recognize his child's needs or to respond adequately to them
  (3) who needs help in coping with his child's behavioral problems
  (4) who has previously demonstrated his inability to cope with his child and is in need of intervention before serious problems arise with the same or another child

- Determine the types of preventive services needed by the parents (e.g., self-help groups, parent aides, parent education classes, day care)
- Determine which of these services are to be provided directly by the Local Unit or by the Local Agency
- Identify preventive services that are available from other service providers in the community, and develop referral linkages with these providers
- Offer direct services to parents who request help or refer them to the appropriate service provider
- Follow up on families referred by calling the parents and the community resources no later than one week following the initial referral and periodically thereafter until it is clear that the families' service needs are being met
- Encourage the development of preventive services that are needed by parents but unavailable in the community

STANDARD E-10

THE LOCAL UNIT SHOULD ENSURE THAT REPORTS OF SUSPECTED CHILD ABUSE AND NEGLECT CAN BE RECEIVED 24 HOURS PER DAY, SEVEN DAYS PER WEEK

Guidelines

- Publicize the reporting number(s) widely in the community
- Permit the following options for receipt of reports:
  (1) the State Child Protection Division (State Division) receives reports 24 hours per day, seven days per week
  (2) the Local Unit receives reports directly from the community 24 hours per day (this may be the preferred option for large agencies)
  (3) the Local Unit receives reports directly from the community during normal working hours and has assigned workers on call to receive emergency reports from the State Division during other hours
  (4) the Local Unit receives reports directly from the community during normal working hours, and another community resource receives reports for the Local Unit

during other hours and then transmits those reports to Local Unit staff on call (this may be the preferred option for rural localities)

- Appoint sufficient and qualified staff to receive oral reports
- Compile and make available to the State Division or community resource a roster of workers on call during nonworking hours, including back-up persons
- Refer to the State Division within 24 hours all reports (See STATE AUTHORITY, p.III-58 for content of reports) received directly by the Local Unit for:

  (1) inclusion of necessary information in the Central Register
  (2) determination of prior founded report on the same child or sibling, and the status of that report (e.g., under assessment, under care, or case closed)

- Transfer to the State Division for referral to the Independent State Agency reports received directly by the Local Unit, but not within its legal jurisdiction (e.g., reports of institutional abuse)
- Transfer directly, or through the State Division for referral to the appropriate Local Unit or other State Division, reports received directly by the Local Unit, but not within its geographic jurisdiction
- Transmit, in conjunction with the State Division, reports concerning a child's death to the appropriate law enforcement agency, district attorney, medical examiner, or coroner for investigation, with the Local Unit assuming responsibility of assessing health and safety of any siblings remaining in the home
- Transmit to the district attorney copies of reports in which a felony is also suspected, for which the penalty by law is not less than five years imprisonment
- Maintain, for case management purposes, a master index of families who are already receiving services from the Local Unit
- Maintain a "tickler file" that can assist the Local Unit in meeting the State Division's reporting requirements, i.e., type of report required (initial, unfounded, progress, etc.) and the date that the report is due for submission to the State Division

STANDARDS FOR LOCAL AUTHORITY

Commentary

The objective of this Standard is to establish a central focus in the State to facilitate reporting. Although State receipt of reports is the preferred option, alternate arrangements for receiving reports are delineated in the Guidelines. Any arrangement selected should meet the following criteria:

- Twenty four hour per day, seven day per week receipt of reports
- Sufficient and qualified staff to receive oral reports
- Twenty four hour per day, seven day per week access to Local Unit staff
- Forwarding of pertinent, initial information to the State Division within 24 hours after receipt of a report
- Procedures to deal with the transmittal of confidential information.

In choosing one arrangement for receipt of reports over another, the following factors must be considered:

- Volume of reports
- Number of child protective services workers available to work after hours and on weekends
- Availability of other community resources, such as a hotline, to receive reports for the Local Unit during non-working hours and, in turn, to contact the child protective services worker on call.

In addition, the Local Unit must consider a means for ensuring that current clients who are experiencing crises can also contact a child protective services worker during non-working hours.

The determination of minimum qualifications (e.g., educational, relevant work experience) for staff who are receiving initial oral reports is primarily dependent upon the type of model utilized for receipt of reports. In the State Division model, workers can screen out crank calls and inappropriate and non-emergency reports while referring the emergency reports immediately to the appropriate authority. If reports are to be screened, qualifications for the protective services worker receiving reports are: (1) practical, front-line experience in providing child protective services, including case assessment experience; and (2) knowledge of the State Division's operational definitions of child abuse and neglect.

Receipt of reports should not be a responsibility assigned to newly hired protective services staff. Similar qualifications are prerequisite for local child protective services staff assigned to accept calls.

If reports are not to be screened by the State Division (other than for the appropriate jurisdiction), specialized educational background or job experience is not a requirement. However, it is imperative that all non-protective services workers who have responsibility for receipt of reports -- both those at the State level as well as those at the local level -- receive training in how to respond verbally to reports of child abuse and neglect.

STANDARD E-11

THE LOCAL UNIT SHOULD INTERVENE IMMEDIATELY IF THE SITUATION IS AN EMERGENCY; OTHERWISE, INTERVENTION SHOULD TAKE PLACE WITHIN 24 HOURS

Guidelines

- Accept prime responsibility for determining the child's safety, assessing the validity of the report, and developing (when the report is valid) an initial plan to meet the child's, parent's, and family's needs
- Intervene immediately in emergency situtations such as the following:

  (1) all complaints of physical abuse
  (2) all complaints of sexual abuse
  (3) complaints alleging that children under the age of eight years old have been left alone
  (4) complaints involving children who are suffering from acute, untreated medical conditions
  (5) complaints alleging that children and their parents are in need of food or housing
  (6) complaints alleging that parents of young children are psychotic, behaving in a bizzare manner, or acting under the influence of drugs or alcohol
  (7) complaints alleging bizarre punishment (e.g., locking a child in a closet, forcing a child to stay under a bed)
  (8) complaints alleging that children or adolescents are suicidal
  (9) complaints involving abandonment

(10) complaints from hospital emergency rooms concerning children under their care
(11) self-referrals from parents who state they are unable to cope, feel like they will hurt or kill their children, or wish their children's removal and placement away from home
(12) cases in which protective custody is authorized

- Have access 24 hours per day to any needed emergency services, e.g., homemkaing, foster care, and medical

- Consider the following preliminary case assessment steps:

(1) speak directly with the person initiating the complaint
(2) check the master index of families to determine if the family is known to the Local Unit
(3) check with the other Agency units to determine whether the child or family has received or is currently receiving their services
(4) confer with other Local Unit or Agency staff who already know the child or family, and review existing records and reports
(5) contact, as indicated by existing records and reports, any other child protective services unit that has provided services to the family
(6) determine the possibility of a waived assessment, i.e., permitting another Agency unit, agency, or individual to accept prime responsibility for determining the child's safety and the validity of the report if the following conditions are fulfilled:
    (a) the family is currently receiving services from another service provider
    (b) the needs of the child and the family can be met by the service provider, and the provider agrees to meet them
    (c) a jointly written interagency agreement between the Local Unit and the service provider is developed and provides:
        (i) periodic feedback to the Local Unit on the status and progress of the child and family
        (ii) immediate report to the Local Unit at any time the child's safety or well-being appears threatened despite the service provider's efforts
        (iii) the Local Unit with the right to monitor the services provided to the family
(7) contact other service providers, e.g., public health nurse, mental health practitioner, law enforcement officer, homemaker, or an interpreter, as indicated by the nature of the report
(8) arrange, if indicated, for the service provider(s) to participate in the first interview with the child and family

STANDARDS FOR LOCAL AUTHORITY

- Visit the family (and child if in separate locations) after assessing whether it is preferable to call the family for an appointment or to make an unannounced home visit
- Explain to the family the nature of the report, the Local Unit's role in assessing the report, and the types of services available to the family from the Local Unit
- Assess the degree of risk to the child and to his siblings by gathering and evaluating the following information:
    (1) the child's condition
    (2) the family's perspective on the report and surrounding circumstances
    (3) the family's interaction and the parent-child interaction
    (4) the child's physical, social, and emotional development
    (5) the parents' self-esteem and mental and physical health
    (6) the parents' awareness of child development
    (7) situational factors that are negatively affecting the family, e.g., inadequate housing, unemployment
    (8) the extent of the family's isolation
    (9) the family's involvement with community agencies or organizations
    (10) basic demographic data
- Determine, based on the foregoing information, if there is a need for:
    (1) protective custody (Cross-reference to STATE LAW, p. III-16)
    (2) medical, psychological and/or psychiatric treatment or examination
    (3) other emergency services
    (4) consultation with the Multi-disciplinary Case Consultation Team (Cross-reference to Standard E-8)
- Identify (with the family) and offer needed concrete resources
- Explain need for contacting other service providers known to the family (e.g., the school, health services, family physician) and enlist the parents' cooperation in this process
- Contact other service providers known to the family and receive their assessment of the child's and family's situation

- When unable to locate the child and his family for initial or subsequent assessment visits, make repeated attempts to do so by:

  (1) checking the family's last known address and inquiring whether neighbors know the family's new location
  (2) checking the post office for a forwarding address
  (3) contacting any known relatives or friends for information
  (4) requesting that the last school district notify the Local Unit if it received a request to forward school records
  (5) checking with any other agencies and individuals who may know the family, such as the public assistance office, if appropriate

- Intervene in situations of alleged abuse or neglect occurring in a foster family home (if no Independent State Agency is assigned this responsibility) in the same manner as described for the assessment of any other report, except:

  (1) do not waive the assessment to the foster care worker or to the treatment worker who placed the child in the foster home, or to the worker who is providing ongoing services to the foster child and the foster family
  (2) if the report is founded, remove the child from the foster home and do not use the foster home for any other foster child
  (3) share assessment findings with the foster parents, the foster parents' worker, the child's natural parents, the child's placing agency, and the foster family's licensing agency

Commentary

In establishing contact with the family, it must decided on a case-by-case basis whether initial communication will be made by telephone, scheduled home visit, or unannounced home visit. Although initial contact by telephone may help allay parental tension and hostility (since the parent can ask pre-interview questions), concern for the child's health or safety may preclude doing so. An unannounced visit provides the worker with an opportunity to observe spontaneous parental and child reactions and interactions, and eliminates anxiety for a parent who may become frightened while waiting for the scheduled appointment.

Another area to be considered is a family's resistance to the assessment process. This resistance can be minimized through such techniques as showing concern for the parents as well as the child, "allowing" the parents to be angry, not engaging in an argument with the parents, and offering the family some immediate, concrete assistance.

STANDARD E-12

THE LOCAL UNIT SHOULD ENSURE THE FAMILY'S RIGHT TO PRIVACY BY MAKING THE ASSESSMENT PROCESS TIME-LIMITED

Guidelines

- Determine, within seven days, whether the report is unfounded or indicated (for definition of "unfounded" and "indicated", see Glossary):
  - (1) if the report is unfounded:
    - (a) close the case unless the family wishes the Local Unit to provide, arrange, or refer them for certain services
    - (b) send an "unfounded notice" to the State Division within 14 days
  - (2) if the report is indicated:
    - (a) send the preliminary assessment report to the State Division in the time and manner specified by the State Division
    - (b) continue the assessment for a maximum of 60 days (if good cause is shown and permission is received from the State Division, the time may be extended 30 additional days)
- Continue, if the report is indicated, with the assessment process by evaluating:
  - (1) the remedial needs of the child
  - (2) the family's strengths and limitations, including willingness to work on their problems, desire to change, wish for help, and attitude towards help
  - (3) focus of services, including which family member(s) need what services, and a reassessment of the child's need for placement or the parent's desire for placement
  - (4) priority, availability, and accessibility of services needed by the family
  - (5) arrangements for such services

- Determine the following, if the report is founded, during the course of the assessment process:
  - (1) whether abuse or neglect is long-standing or of recent origin, a single occurrence or part of a pattern
  - (2) which parent is primarily responsible for the situation, and the role of the other parent
- Conclude assessment process by determining (with Multidisciplinary Case Consultation Team, if indicated) the following:
  - (1) are involuntary services warranted?
  - (2) should ongoing treatment services be provided to the child and his family by the Local Unit?
  - (3) should the child and his family be referred to other services in the community?
  - (4) can the case be closed?
- Send a progress report to the State Division in the time and manner specified by the State Division
- Provide feedback to the referral source as authorized in State Law or in State Departmental policy, distinguishing between information to be shared with mandatory reporters and those not mandated to report (e.g., neighbor, relative)

Commentary

The purpose of this Standard is to encourage States to establish specified time limits for starting and concluding the assessment of each report. Once the assessment has started, proof, one way or the other, is often difficult to find. As a result, many child protective investigations continue for long periods of time and the family is kept in an indefinite status.

If it is clear after the initial interview(s) with the family that the report has no basis (e.g., a call precipitated by an argument between neighbors or relatives), the report should be considered unfounded and the case should be closed. If the initial interviews reveal, however, that the report is indicated, 60 days should be long enough to determine the validity of the report and to refer the family for ongoing treatment services. If nothing conclusive can be found to substantiate the report within 60 days (or in special circumstances 90 days), it becomes an invasion of privacy to continue to interfere in the life of a family. Having an established time limit during which the assessment must be concluded also ensures that it will not continue just because a worker or the agency is afraid to confront a family with a decision and appropriate actions.

STANDARD E-13

THE LOCAL UNIT SHOULD DEVELOP AN INDIVIDUALIZED TREATMENT PLAN FOR EACH FAMILY AND EACH FAMILY MEMBER

Guidelines

- Accept prime responsibility for developing necessary treatment plan(s), with contributions from the intake worker who initially assessed the family's situation
- Consider the child's remedial needs as well as the parents' needs
- Have the intake worker personally introduce the treatment worker to the family
- Meet with the intake worker and the family to re-clarify and re-establish treatment goals
- Set long-range and short-range treatment goals and means for attaining them with the family by considering:
  (1) the Local Unit's responsibility to assist the parents in providing for the child's safety, and when this cannot be achieved, to develop a plan to ensure the child's protection
  (2) causative factors of the problem and the treatment services needed to resolve the problem (which may require a combination of services listed):
    (a) if the problem is totally or partially the result of psychological problems of the parent and/or the child, counseling and support services (such as homemaking and respite day care) are to be provided
    (b) if the problem is the result of a lack of knowledge or skill in child care, parent education courses or homemaker services are to be provided
    (c) if the problem is a result of the parent's inability to cope with day-to-day stresses of the family, a parent aide or homemaker is to be assigned to assist with child care and help the parent overcome contributing factors such as feelings of isolation and lack of external supports from family, friends, or spouse
    (d) if the problem is a result of overwhelming external pressures such as loss of job,

extraordinary debts, or inadequate housing, support services such as financial counseling, housing, legal assistance, and vocational help are to be provided

(e) if the problem is a result of family or personal crisis such as death, divorce, or illness in a relatively stable family, short-term counseling or temporary child care is to be provided
(f) if the problem is a result of special problems such as drug addiction, alcoholism, severe mental illness, mental retardation, etc., specialized community resouces either on an inpatient or outpatient basis are to be provided
(g) if there is continuing threat of injury to the child, placement services are to be considered

(3) the family's desire for services
(4) services needed by the child as well as by the parents; services directly available from the Local Unit or the Local Agency; services that need to be purchased from other service providers; and services that can be provided through referral to other community service systems
(5) the frequency of contact required to carry out the the treatment plan

- Accept ultimate responsibility for implementing the treatment plan and changing or terminating the treatment plan as the case progresses:

  (1) review major changes in service delivery with the supervisor and the family member(s) (and Multidisciplinary Case Consultation Team as necessary)
  (2) comply with court orders, if issued

- Develop written or verbal contracts with the family that relate to the treatment plan or parts of the treatment plan

- Develop written contracts with the family when a child requires placement, while considering that:

  (1) the parents are to be given an opportunity to accept placement of their child voluntarily
  (2) the contract is to clearly specify:
    (a) what is expected of the parents if the child is to return home
    (b) what the Local Unit is to do to assist the family
    (c) time schedule for completion of steps

- Determine the need for court action in situations where the parents refuse to accept the treatment plan, and court-ordered protective supervision or court-ordered placement of the child is required

Commentary

The purpose of this Standard is to stress the importance of developing a well and carefully conceived treatment plan. The strengths, weaknesses, and needs of the child, individual family members, and the family unit must be assessed thoroughly with special attention paid to the following:

- The family's capacity to care for the child
- The family's ability to accept and use help
- The family's potential to harm the child
- The need to involve the court (or law enforcement agency) in securing the child's safety.

The underlying rationale for the use of contracts needs clear articulation. A written service contract is a potentially valuable tool which can serve one or more of the following purposes:

- Facilitate planning for the child and his family
- Encourage parental involvement in the decision making process
- Delineate worker and parent accountability
- Provide supporting evidence for court presentation, if the parent fails to give the child adequate care despite treatment efforts.

However, it should be recognized that the effect of using written contracts with families receiving child protective services or placement services has not received systematic examination.

STANDARD E-14

THE LOCAL UNIT SHOULD PROVIDE A RANGE OF SERVICES AND AS NECESSARY OBTAIN, CCORDINATE, AND MONITOR ADDITIONAL SERVICES FOR EACH FAMILY MEMBER

Guidelines

- Provide services available directly from the Local Unit (Cross-reference to STATE AUTHORITY, pp. III-48 to III-50)
- Arrange or help the family arrange for necessary services from another agency, organization, or service provider by:
    (1) determining the need for purchase of services contracts and preparing such contracts if needed
    (2) ensuring that written or verbal contracts or interagency agreements with other service providers delineate: the types of service(s) to be provided; the frequency of such services; responsibility of the service provider(s) to provide feedback to the Local Unit; and the Local Unit's responsibility to monitor the service provider's delivery of services
- Review the family's use of treatment services and resources every month:
    (1) compare the family member's progress with the individualized treatment plan
    (2) determine new or remaining problems
    (3) determine changes that need to be made in the plan
    (4) share the revised plan with the family members, treatment supervisor, and Multi-disciplinary Case Consultation Team, as indicated
- Review every month (and coordinate such review with an external review system, as indicated in the Commentary) a child's placement outside of his own home to determine whether:
    (1) the child is able to return to his own home
    (2) the child needs a permanent placement or can remain in his temporary placement
- Return the child to his own home when:
    (1) the conditions which caused the child's placement have sufficiently improved

(2) the parents view the child more positively
(3) parental self-image and functioning have improved
(4) brief trial reunions have been satisfactory

- Document progress in the format specified by the State Division and send report(s) within the time period required

- Prior to terminating services to a family, consider the following:

  (1) supervisory approval must be obtained
  (2) services are not being terminated solely upon the request of the parent(s) even in situations where the parent(s) initially requested the service
  (3) minimum community standards of care for the child(ren) are being met
  (4) further service from the Local Unit will not be of benefit to the family or will not improve its functioning
  (5) the juvenile court, if previously involved in the case, is to be notified

- Ensure that the family is aware of the intention to terminate services, is involved in the decision and planning to do so, and is given a reasonable period of time prior to the termination date

- Complete the State Division's report on termination of services whenever the family moves to another locality or State during the treatment process or when all treatment is terminated; state clearly the Local Unit's reasons for closing the case; submit the final report to the State Division no later than 14 days after terminating services

- Follow up on terminated cases, within 45 days, by direct contact with the family to assess:

  (1) the current situation
  (2) whether there is need to re-open the case
  (3) whether there is need to refer the family for other services

Commentary

Although a periodic review of all treatment services is recommended in this Standard's Guidelines, the review of abused and neglected children placed in foster care warrants special attention.

STANDARDS FOR LOCAL AUTHORITY

Far too many children have remained in foster care beyond the time of need. It is generally recognized that many of these children could have returned home or could have had the benefit of a permanent placement alternative. The preferred resolution is an external review of all abused and neglected children placed in foster care that is accomplished by judicial review or by a citizen board review. Each foster child's situation should be subjected to external judicial review at least once each year. Preferably, citizen board review also should occur each year (or every six months, if feasible). The use of external reviews, however, does not replace the need for monthly, internal, administrative reviews of each foster child's situation.

Resource Enhancement

STANDARD E-15

THE LOCAL AGENCY AND THE COMMUNITY COUNCIL SHOULD ENSURE THAT TRAINING IS PROVIDED TO LOCAL UNIT STAFF AND OTHER COMMUNITY SERVICE SYSTEMS PERSONNEL

Guidelines

- Identify training needs, training priorities, means for accomplishing training, and focus of training efforts
- Identify agencies and institutions such as professional schools, professional associations, State departments, local agencies, and private organizations which could provide child abuse and neglect training to Agency staff, Local Unit staff, and other service systems personnel
- Use and revise, as necessary, training guidelines and materials developed by the State Committee, the State Division, the Community Council, and national professional organizations
- Identify funding resources and allocate sufficient funding for training
- Utilize an interdisciplinary approach to training Agency staff, Local Unit staff, and other service systems personnel

- Schedule pre-service training sessions for new Local Unit staff and other service systems personnel that focus on: State Law provisions; reporting requirements and procedures; the purpose of assessment; assessment methods; the authority and policies of the Agency; the child protective services worker's role; procedures for placing a child in protective custody; use of emergency services; court procedures; preparation for court; and record-keeping requirements

- Provide continual, in-service training for Local Unit staff through:

  (1) monthly staff development sessions
  (2) weekly group supervision and/or individual supervision
  (3) meetings with Multi-disciplinary Case Consultation Team
  (4) annotated bibliographies of related books and articles

- Encourage discussions on personal attitudes that may impede effective delivery of services to children, parents, and families, including attitudes about:

  (1) the roles and responsibilities of the family in today's society; and children's, parents', and families' rights
  (2) violence and racism
  (3) child abuse and neglect, and the parents and children involved in child abuse and neglect
  (4) one's own parents and childhood
  (5) one's own ability to deal with frustration and hostility

- Train parent aides, volunteers, child care providers, and foster parents in recognition of abuse and neglect, reporting requirements and procedures, and other specialized training needs

- Encourage colleges and universities to develop courses and continuing education programs for undergraduate, graduate, and postgraduate students which deal with the prevention and treatment of child abuse and neglect, and encourage staff to take advantage of these courses and programs

- Provide field placement opportunities for undergraduate, graduate, and postgraduate students

STANDARD E-16

TO ENCOURAGE THE IDENTIFICATION AND REPORTING OF CHILD ABUSE AND NEGLECT, THE LOCAL AGENCY AND THE COMMUNITY COUNCIL SHOULD IMPLEMENT COMMUNITY EDUCATION AND AWARENESS CAMPAIGNS

Guidelines

- Coordinate planning of activities with the Community Council
- Identify and set priorities for target populations, focus of the outreach activities, and the content of advocacy campaigns
- Identify funding sources
- Establish and maintain good relations with the press
- Disseminate materials to the media (e.g., television, radio, press)
- Provide speakers to voluntary organizations and community agencies
- Encourage professional organizations to provide information on child abuse and neglect via: articles in journals and newsletters; local, regional and State meetings; and seminars and workshops

STANDARD E-17

TO GAIN KNOWLEDGE ON THE COMMUNITY'S EFFECTIVENESS IN CHILD PROTECTION, THE LOCAL AGENCY AND THE COMMUNITY COUNCIL SHOULD PARTICIPATE IN OR INITIATE ITS OWN RESEARCH AND EVALUATION EFFORTS

Guidelines

- Elicit information from clients on problems and needs
- Determine areas in which research and evaluation are needed, such as: identification and reporting; assessment; treatment planning; short- and long-term treatment and follow-up; training; community education; and prevention

- Determine the appropriate means for conducting research and evaluation efforts; such means might include:
  (1) under Local Authority auspices
  (2) under State Authority auspices (Cross-reference to STATE AUTHORITY, Standard D-13, p. III-70)
  (3) coordinating efforts with other community agencies, organizations, colleges, and universities
- Disseminate results to other service providers, the State Division, and the State Child Protection Coordinating Committee
- Use findings, as appropriate, to improve the Local Unit's system of service delivery and to prepare the Local Plan of Action

Commentary

The purpose of this Standard is to stress the need for communities to assess periodically their child abuse and neglect service system in terms of: (1) its overall efficiency and performance; and (2) its overall effect on children, individual family members, and family units. While the Standard and Guidelines recommend that research and evaluation should be conducted, there is flexibility in terms of who should assume responsibility for performing such studies. If a Local Agency and Community Council have insufficient resources to conduct their own research and evaluation activities, they can still make use of information available from the State Division's Central Register system (See STATE AUTHORITY, Standard D-9, p. III-62) and participate in research and evaluation conducted under Federal and State auspices. In addition, the Local Agency and Community Council can encourage students from colleges and universities to collect and analyze data that meets both the students and the communities needs.

SECTION F: STANDARDS FOR THE PHYSICAL HEALTH SYSTEM

The physical health system's role in the identification, prevention, and treatment of child abuse and neglect has been widely accepted since its introduction in the early 1960's. The heterogeneous and fragmented nature of the health care system, however, has made it difficult to cultivate and channel the interest and expertise of members of the health care profession into the most effective utilization of their skills on behalf of abused and neglected children. Thus, the following Standards are to provide direction for health care professionals by establishing a framework for uniform goals and means for reaching those goals.

A primary reason why health care professionals have been hindered in their efforts thus far is that health care, for the most part, is rendered by an unstructured system that lacks a central overseeing authority to supply information, training, and direction. For example, many health care professionals work within institutional settings such as hospitals or within government agencies, and many others practice independently. In turn, responsibility for implementation of the physical health Standards requires the commitment of various independent health care settings, professional organizations, and professional schools. It is not possible to address each of these possible sources for implementation of the Standards separately in this Section. However, it is recommended that the State Department of Health take an active role in overseeing implementation of the Standards by assessing the appropriate sources within each of the following health care groups and subgroups.

Physicians, nurses, and dentists, as the major professional providers of health care to children and parents, constitute the principal target groups for the Standards in this Section. Broad subgroups under physicians include private practitioners, both generalists and specialists; physicians working in hospitals on a part- or full-time basis; physicians in training in hospitals (residents); emergency room physicians; physicians working in clinics -- health department clinics, family planning clinics, developmental screening clinics; physicians serving teaching institutions including nursery, primary, secondary schools, as well as day care centers; and physicians serving Little League and other youth sports organizations.

Subgroups within nursing include those nurses working in doctors' and dentists' offices; nurses in hospitals -- both inpatient and outpatient; emergency room nurses; public health nurses; visiting nurses; school nurses; nurse practitioners; Licensed

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Practical Nurses, and Registered Nurses. And, subgroups within the dental profession include dentists in private practice, both generalists and specialists, such as orthodontists; clinic dentists; full- or part-time hospital dentists; and dentists in graduate clinical training.

Beyond the central professions of medicine, nursing, and dentistry, the health care system includes others whose training and professional responsibilities for the welfare of child patients may allow them to play important roles in various aspects of child abuse and neglect -- medical social workers, occupational and physical therapists, nutritionists, and hospital administrators.

All of the forenamed health care professionals have unique opportunities and responsibilities with respect to efforts aimed at reducing the incidence of child abuse and neglect. While recognizing that each health care professional group requires specialized and ongoing training in the recognition and management of child abuse and neglect, as they do in any other major disease entity, the Standards stress that the health care professionals' role in child abuse and neglect differs from traditional disease models. That is, successful efforts to prevent child abuse and neglect are particularly dependent upon close cooperation of health care professionals with various individuals and agencies outside of the medical structure. Therefore, strategies are encouraged in the Standards for the effective blending of health care professionals' skills with those of others in their communities to promote comprehensive preventive and therapeutic programs.

The Standards also recognize that the legal and moral responsibility of health care professionals, particularly physicians, to report suspected child abuse and neglect has not been adequately fulfilled in the past for a number of reasons. These reasons include health care professionals' uncertainty of the diagnosis; uncertainty of obligations under the law; lack of supportive resources in the community for consultation; fear of liability; reluctance to take time away from patients for court appearances; lack of follow-up information from courts and child protective services units; and, finally, their observation that little happens to help the child or the family as the result of their efforts. Thus, measures are suggested in the Standards to allay these concerns and problems, such as Guidelines for training and education that cover the medical, social, and legal aspects of child abuse and neglect; mechanisms for the provision of follow-up information and on-going consultation; and multi-disciplinary approaches to prevention and treatment.

STANDARDS FOR THE PHYSICAL HEALTH SYSTEM

Although not explicitly addressed in these Standards, health care professionals should become familiar with the Health Planning and Resources Development Act of 1974 (P.L. 93-641), and how this Act affects the development and implementation of child abuse and neglect services and programs in their State and community.

In addition, variables such as location of a health care professional in a predominately rural area are not explicitly addressed, but it is recognized that they will affect the manner and ease in which the Standards in this section can be implemented.

Administration and Management

STANDARD F-1

THE STATE DEPARTMENT OF HEALTH SHOULD BE KNOWLEDGEABLE ABOUT AVAILABLE FUNDING RESOURCES AND ASSIST WITH EFFORTS TO SUPPORT CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAMS

Guidelines

- Identify funding options including: Federal, State, and local funding available for direct services; private funding sources for direct services; and public and private funding sources for research
- Assess ways to best utilize funding resources, and to best provide funding direction to local health care professionals
- Coordinate plans for securing funds with health facilities, health planning organizations, the State Child Protection Coordinating Committee, and the Community Child Protection Coordinating Council (See Standard F-2)

Commentary

The State Department of Health should be familiar with the workings of Federal programs such as Title XX and other funding programs which provide Federal or State funds for a modest local match. In turn, the State Department of Health should be a resource for health care professionals who are interested in identifying ways to fund local prevention and treatment programs. For example, health care professionals can be particularly effective in convincing legislative bodies at the State level and elected officials at the community level to provide matching funds for programs in child abuse and neglect. Health care professionals may also have access through professional schools, societies, and such government institutions as the National Institute of Health, and other areas of the Department of Health Education, and Welfare to information about research or demonstration grants for support of State and local programs.

STANDARD F-2

THE STATE DEPARTMENT OF HEALTH SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE, AND LOCAL HEALTH CARE PROFESSIONALS SHOULD PARTICIPATE ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross-reference to STATE AUTHORITY, p. III-45, and to LOCAL AUTHORITY, p. III-86
- Recruit and appoint representatives from the Physical Health System who have sufficient authority within their sponsoring departments, organizations, or hospitals to represent fully the concerns and policies of those departments, organizations, or hospitals, and to commit specific resources for program development
- Promote coordinated planning and implementation of State and community child abuse and neglect prevention, identification, and treatment efforts
- Contribute to the development of the Annual State Plan on Services for Children and Families, Annual Report on Child Abuse and Neglect Prevention and Treatment, and Local Plan of Action

STANDARDS FOR THE PHYSICAL HEALTH SYSTEM

Commentary

The health care professionals' knowledge of the diagnosis and treatment of the manifestations of physical abuse and neglect is vital to the planning and implementation of State and local programs. The Director of the Division of Child Health within the State Department of Health should be an active member of the State Child Protection Coordinating Committee and should develop an agreement with the Director of the State Child Protection Division to coordinate efforts in the area of child abuse and neglect at State, regional, and local levels. While it is desirable to have health care professionals on the State Committee and Community Councils who are representative of broad units of the physical health system, membership should also be offered to independent practitioners who are willing to lend their enthusiasm, expertise, and organizational ability to such multi-disciplinary efforts.

STANDARD F-3

HEALTH CARE PROFESSIONALS SHOULD FULFILL THEIR ETHICAL RESPONSIBILITY TO THOSE THEY SERVE BY ENSURING THAT RIGHTS ARE PROTECTED

Guidelines

- Accept responsibility to help protect the rights of abused and neglected children and their families
- Examine programs, policies, and procedures to see if rights of either the child or his caretakers are violated in any manner during the course of treatment and related child protective functions
- Implement necessary changes in programs, policies, and procedures to protect the rights of those served

STANDARDS FOR THE PHYSICAL HEALTH SYSTEM

Prevention and Treatment

STANDARD F-4

HEALTH CARE PROFESSIONALS SHOULD ASSUME LEADERSHIP ROLES IN THE DEVELOPMENT OF PREVENTIVE HEALTH CARE PROGRAMS AND COOPERATE WITH OTHER COMMUNITY ORGANIZATIONS TO IMPLEMENT THESE PROGRAMS

Guidelines

- Become familiar with State and community programs of a primarily medical nature which offer preventive health care services, such as: prenatal and postnatal care; medical and dental well-infant and child care; visiting nurses; family planning; and genetic counseling
- Assist in improving or implementing preventive health services in the State and community by encouraging the provision of comprehensive prenatal and obstetrical care and educational services, and provision of continuity of preventive health care (during the first year of life at a minimum) in the form of visiting nurses, out-reach educational services, well and sick baby follow-up, and programs to provide special training to parents who have children with medical disabilities and special needs
- Support preventive programs which operate primarily outside the medical setting such as: the school system's family life and parenting education programs; young mothers' clubs; single parents' groups; day care centers; and other child development activities sponsored by community organizations
- Encourage community organizations to publicize preventive programs in newspapers and magazines as well as over the radio and television
- Participate in community forums, workshops, and other educational programs designed to reach parents and prospective parents

Commentary

There is good reason to believe that better understanding and management of the physical, social, and psychological needs of pregnant women and of young parents will reduce the incidence of child abuse and neglect. Programs which endeavor to help teenagers and young parents understand the real joys and responsibilities of being parents can be made more effective through the active participation of health care professionals.

STANDARD F-5

HEALTH CARE PROFESSIONALS SHOULD BE AWARE OF "HIGH RISK" INDICATORS, USE THEM TO IDENTIFY FAMILIES IN SPECIAL NEED OF SERVICES, AND PROMOTE THE PROVISION OF SERVICES TO THESE FAMILIES

Guidelines

- Recognize that possibilities for observing families in special need of services exist in the professional's office, the hospital, and in the home
- Recognize that the behavior of expectant parents and their observed interaction with their newborn infants may reveal "high risk" indicators for child abuse and neglect
- Recognize that much careful research needs to be done in this area and health care professionals have a key role in research design, implementation, and evaluation
- Utilize "high risk" criteria for prenatal and postnatal observation of families and infant-parent interactions
- Promote the development of programs for families in special need of services or develop procedures for referring them to appropriate community resources

Commentary

There is no uniform agreement on what constitutes a "high risk" indicator. Infants at risk may include those whose older siblings have been abused or neglected; whose parents are drug or alcohol abusers; whose parents are unhappy about the pregnancy;

or whose mother is an unwed teenager. A premature infant or one who has congenital abnormalities also may be at risk. If during the early postpartum days and weeks, there is a failure of the infant-maternal "bonding" mechanism, manifested by a lack of eye contact, unwillingness of the mother to hold the baby, or other evidence of lack of warmth toward the infant (including expressions of outright hostility towards the infant) a "high risk" situation may exist. Nurses working in maternity wards and newborn nurseries, obstetricians, family practitioners, pediatricians, and visiting nurses have a particular opportunity and responsibility to identify potential child abuse by observing the interaction of parents with their newborns.

STANDARD F-6

HEALTH CARE PROFESSIONALS DEALING WITH CHILDREN SHOULD KNOW AND USE THE CHILD ABUSE AND NEGLECT PHYSICAL DIAGNOSTIC CRITERIA RELEVANT TO THEIR RESPECTIVE SPECIALITIES

Guidelines

- Recognize that health care professionals who work with children have a unique role in detecting abuse and neglect, particularly with regard to physical manifestations which may be diagnosed by conventional medical techniques

- Identify other professionals including social workers, mental health practitioners, law enforcement officers, and educators who can assist health care professionals in making diagnostic decisions

- Identify and consult with specialists in child abuse and neglect within the health care setting or with members of a hospital or community-based multi-disciplinary child protection team as an aid in making difficult decisions

- Utilize the conventional three-pronged diagnostic approach which consists of history, physical findings, and laboratory tests (including interpretation of skeletal X rays). Points of differential diagnosis under history, physical findings, and laboratory tests include:

(1) items in the family history giving rise to suspicion of child abuse or neglect, such as, but not limited to, the following: documented or suspected abuse of other siblings; abuse of the parents when they were children; emotional stress; alcoholism; drug abuse; marital discord; multiple prior visits to other doctors or medical facilities for trauma or for trivial complaints; traumatic lesions inconsistent with the history as given by the parents; or complaints of abuse and neglect by the child

(2) physical findings may show evidence of general neglect; malnutrition; poor hygiene; untreated infections; "failure to thrive"; soft tissue lesions; or fractures of varying ages. The non-accidental nature of lesions may be apparent as a result of the appearance of the lesion (cigarette burns, human bites, imprint of belt buckle) or by the site of the lesion (face, buttocks, palms). The child's personality may suggest abuse or neglect (withdrawn, fearful, lethargic, developmentally retarded)

(3) radiological features which may distinguish fractures due to child abuse from those due to accidental trauma such as multiple fractures in different stages of healing; subperiosteal hemorrhages; metaphaseal fragmentation; or fractures around joints

- Utilize photography as a means of documenting physical abuse or neglect
- Develop and implement special training programs to teach health care professionals to diagnose child abuse and neglect
- Help teach other professionals as well as the lay public to recognize manifestations of physical abuse and neglect

Commentary

There is now an extensive general and specialized literature on the diagnosis of abuse and neglect. This information is available to health care professionals through professional schools, postgraduate education courses and through professional journals and lecture and workshop programs sponsored by national and local associations. Hospitals have a particular responsibility to develop in-service training programs to teach health care professional (especially those in the clinics and emergency room) to identify abuse and neglect). While health care professionals who care for children, such as pediatricians and generalists, should be well grounded in the differential diagnosis of child abuse and neglect, those health care professionals who are specialized by technique (e.g., radiologists) or by organ system (e.g., ophthalmologists, dentists, orthopedists, neurosurgeons) should also be competent at differentiating manifestations of child abuse and neglect from those of other diseases seen in their specialities. Training for pathologists on the forensic aspects of child abuse and neglect can assist them in distinguishing between deaths caused by abuse and neglect and those caused by accidental trauma and infectious disease.

STANDARD F-7

HEALTH CARE PROFESSIONALS SHOULD COMPLY WITH STATE LAW REPORTING REQUIREMENTS AND DEVELOP PROTOCOLS FOR REPORTING AND TREATING ABUSED AND NEGLECTED CHILDREN WITHIN HEALTH CARE SETTINGS

Guidelines

- Recognize that reporting is the essential first step in engaging the resources of the community to protect the child and offer services for family rehabilitation
- Be aware that reporting is to be based on having reason to suspect and not on the possession of absolute proof of abuse and neglect
- Know that health care professionals who report in good faith are exempt from liability
- Acknowledge the reasons for lack of cooperation in reporting procedures by health care professionals in the past
- Know that failure to report may, in the eventuality of continuing injury to or death of a child, result in criminal and civil penalities
- Recognize that many abused and neglected children are seen in hospital emergency rooms by a wide variety of health care professionals, and that a protocol for the guidance of such health care professionals is essential to prevent confusion and mismanagement of abuse/neglect cases

- Develop clearly defined emergency room procedures which allow for maximum emergency protection to children but also protect the rights of the parents

- Include (at a minimum) the following elements in hospital protocols to deal with child abuse and neglect in accordance with State Law:

  (1) management of child abuse and neglect cases within the emergency rooms (whom to call for consultation, how to take photographs, who is responsible for reporting)
  (2) criteria and procedures for taking a child into emergency protective custody (this must be in strict conformity with State Law and must be worked out carefully with hospital administration and local law enforcement, Local Child Protective Services Unit, and juvenile courts)
  (3) criteria and procedures for examining or treating a child in the absence of the child's parents or against parental wishes or religious objections
  (4) criteria and procedures for hospitalization of children identified in the emergency room as abused or neglected or suspected of being abused or neglected

- Make the contents of emergency room or hospital protocols on child abuse and neglect known to all health care professionals and other personnel by: displaying protocols prominently in emergency rooms, by publishing protocols in nursing and house staff manuals, and by including in-service training on the use of the protocols

- Assign reporting responsibilities to specific individuals within local health care settings

- Develop a hospital-based, multi-disciplinary team to assist in case assessment, reporting, and follow-up treatment for the child and the family (See Standard F-8)

- Work with the Local Child Protective Services Unit to develop mechanisms for feedback in order to coordinate follow-up and to document disposition on reported cases

Commentary

Health care professionals have frequently failed to cooperate with reporting requirements in the past, although the situation has improved in recent years. Infants and children with the most severe physical manifestations of abuse and neglect are most likely to be seen in hospital emergency rooms where recognition of the probable cause of the injuries by health care professionals is critical. It is therefore essential for hospitals to develop in-service training programs to help hospital professional personnel identify children who are abused and neglected and to establish procedures for managing them and their families. Such procedures must ensure the immediate protection of the child and describe circumstances under which hospitalization is to be recommended while also taking into account the concerns and rights of the parents. Protocols should be posted and widely circulated, listing, on a round-the-clock basis, the names and telephone numbers of those physicians and social workers who are to be called for consultation in a suspected case of abuse and neglect; the procedures for taking color photographs and X rays on an emergency basis; and the procedures to follow for obtaining emergency protective custody when the health or life of a child is seriously threatened. Within each hospital should be at least one physician who consults on such suspected cases.

There must also be clear assignment of the reporting function as provided by State Law. The protocol must clearly identify which individual is responsible for making a report, i.e., the health care professional's division or department head; the hospital director; or a designated member of the hospital multidisciplinary team. There should be no confusion about who should report.

Hospital administrators must recognize that they have a key role with respect to encouraging the development of child abuse identification, prevention, and treatment programs in hospitals. They also have an important responsibility to establish and disseminate procedures for the management and reporting of child abuse cases. And, they can lend important support to multidisciplinary efforts to deal with child abuse and neglect both in the hospital and the community.

STANDARD F-8

HEALTH CARE PROFESSIONALS SHOULD PARTICIPATE ON MULTI-DISCIPLINARY CHILD ABUSE AND NEGLECT TEAMS

Guidelines

- Recognize the value of hospital- and community-based multi-disciplinary teams to assist in reporting, diagnosis, treatment, program development, and training

- Participation on the community's Multi-disciplinary Case Consultation Team (Cross-reference to LOCAL AUTHORITY, p. III-94)
- Develop hospital-based, multi-disciplinary teams with the following composition and responsibilities:

  (1) composition of hospital teams will depend on the numbers and kinds of personnel available, and on whether non-hospital families are to be served by the hospital-based team. A wide variety of specialities and services should be represented on the multi-disciplinary team of a large medical center and a necessarily smaller, less diverse, group represented in a smaller hospital. The core membership of the team should be composed of those individuals who may be expected to make contributions to the management of most cases coming before the team, i.e., physicians (pediatricians, family practitioners, child psychiatrists; chief residents in pediatrics or family medicine); nurses (pediatric nurses, emergency room nurses, nursing instructors, visiting nurses); a representative of the hospital administration; a pediatric/medical social worker, and a representative of the local child protective service. One member of the team should be selected as the coordinator, whose functions are to arrange meetings, develop agendas, maintain records, handle correspondence, coordinate interagency communications on specified cases, and serve as the team's representative in community program planning efforts

  (2) team responsibilities are to:
    (a) receive all reports of suspected child abuse and neglect originating within the hospital or referred to the hospital by an outside agency or agent
    (b) consult on diagnoses when requested and when required by established procedure
    (c) carry out the hospital's legal responsibility for reporting suspected cases to the mandated authorities
    (d) assist this authority in determining if, in fact, there is a reasonable suspicion of abuse or neglect

(e) cooperate with the Local Child Protective Services Unit, court, other hospital clinics, local physicians, and community agencies, in the formulation and implementation of definitive care plans which will serve to protect the child (or children) and to rehabilitate the family

(f) provide information to the Community Child Protection Coordinating Council that will assist the Council with its child protective responsibilities

(g) carry out educational programs on child abuse and neglect for hospital and community personnel

(h) encourage and support research programs

Commentary

A hospital-based, multi-disciplinary team may serve as the community's Multi-disciplinary Case Consultation Team or limit its role to those families known directly by the hospital. In either case, there should be consideration for inclusion of additional members, such as Local Child Protective Services, local law enforcement, or other community services personnel. Both hospital- and community-based teams should have additional, often more specialized health care professionals available to them as consultants. The presence of an experienced multi-disciplinary team within a hospital or community stimulates reporting by health care professionals in and out of hospitals particularly since the responsibility for diagnosis and making the report is shared by team members.

The multi-disciplinary teams should meet at regular intervals, the frequency of which will depend on the teams' determination of what types of case situations warrant their review and recommendations. They should have a small core group which may consist of one physician and a social worker who are available to respond for urgent consultations at any time. Health care professionals working with multi-disciplinary teams must be guided by rules strictly respecting confidentiality.

STANDARD F-9

HEALTH CARE PROFESSIONALS SHOULD COOPERATE WITH OTHER COMMUNITY ORGANIZATIONS IN DEVELOPING AND IMPLEMENTING TREATMENT PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES

Guidelines

- Recognize the need for different types of treatment services including: emergency services, physical health services, psychological services, treatment services for children, and treatment services for parents
- Acknowledge the importance of a multi-disciplinary approach to treatment
- Recognize that many treatment options must exist in the community if the goal of family rehabilitation is to be achieved
- Be aware of the possible long-term service needs of children suffering disabilities caused by abuse and/or neglect
- Work with the Community Child Protection Coordinating Council to develop and utilize various community services, such as: parental self-help groups; crisis nurseries; homemakers; lay therapists; programs for physically handicapped and retarded children; and family crisis shelters

Commentary

Health care professionals should recognize that their responsibility does not end with the filing of a report. While many of the programs to deal with abused children and abusing parents are medical in nature, many which offer much promise are not, and health care professionals should take an interest in developing a wide variety of community treatment programs. Health care professionals have a particular responsibility to keep abreast of the results of research in the field and to help their communities develop programs that have proven successful elsewhere with similar target populations.

Resource Enhancement

STANDARD F-10

HEALTH CARE PROFESSIONALS SHOULD RECEIVE TRAINING ON THE PREVENTION, IDENTIFICATION, AND TREATMENT OF CHILD ABUSE AND NEGLECT AND ON THEIR REPORTING RESPONSIBILITIES AS DEFINED IN STATE LAW

Guidelines

- Identify agencies and institutions which could assume leadership in providing training such as: professional schools; professional societies; hospitals and other health care settings; and State and local health and social services departments
- Identify key government agencies which can disseminate current information to health care professionals
- Determine the form and settings in which information is to be disseminated such as: residency training programs; postgraduate continuing education programs; local, regional, and State workshops; in-service training professional scientific programs; printed and audiovisual materials prepared by public or private agencies (including educational institutions) for mail distribution, publication in specialty journals, and handouts at meetings
- Determine target audiences and content of training materials and programs to reach these audiences
- Provide training for:
  1. physicians, nurses, and dentists whose practices consist largely of pediatric patients, including: pediatricians; pediatric, visiting, and public health nurses; orthodontists; family practitioners; obstetricians; and pediatric surgeons
  2. medical specialists, such as radiologists and pathologists
  3. surgical specialists, such as orthopedists and neurosurgeons
  4. emergency health care personnel
  5. students in these specialities

- Focus training on:
  - (1) "high risk" indicators
  - (2) general indicators of child abuse and neglect, including the indicators of child abuse and neglect which may be reflected in a child's physical health and the family dynamics in child abuse and neglect situations
  - (3) responsibilities under State law including: State law requirements and legislative changes affecting the law; health care professionals who are required to report; basis for reporting as "reason to suspect"; health care professionals' reporting immunities; and criminal and civil liability of health care professionals who suspect but fail to report child abuse or neglect
  - (4) reasons for lack of cooperation in reporting by health care professionals in the past, with emphasis on eliminating these reasons
  - (5) reporting procedures including: how reports are made, required contents of reports, and who receives reports
  - (6) reporting data, including: information on any epidemiological data obtained from the Central Register, and follow-up analysis of reported cases with respect to the accuracy of the diagnosis of child abuse or neglect
  - (7) legal aspects of child abuse and neglect including:
    - (a) rules of confidentiality
    - (b) privileged communication between physician and patient, and its abrogation
    - (c) access to the Central Register
    - (d) taking X rays and photographs
    - (e) emergency protective custody procedures
    - (f) obtaining a court order
    - (g) cooperation with the Local Child Protective Services Unit and the child's attorney or guardian ad litem in preparing a case for court
    - (h) testifying in court, especially as an expert witness
  - (8) the prevention of child abuse and neglect with emphasis on the dissemination of research and demonstration results
  - (9) the treatment of child abuse and neglect with emphasis on the dissemination of results from the evaluation of various treatment programs

STANDARD F-11

HEALTH CARE PROFESSIONALS SHOULD COOPERATE WITH OTHER COMMUNITY ORGANIZATIONS IN DEVELOPING AND DISSEMINATING PUBLIC AND PROFESSIONAL EDUCATION MATERIALS ON CHILD ABUSE AND NEGLECT

Guidelines

- Recognize the importance of multi-disciplinary public and professional education efforts
- Identify target audiences such as: health care professionals; other professionals; and State and local legislative bodies
- Identify key information to be disseminated with variations to depend upon the target audience
- Offer public education and public relations activities that stress the availability of non-punitive services to encourage parents who abuse or neglect to recognize their problems and seek assistance
- Focus public and professional education on the prevention, reporting, diagnosis, and treatment of child abuse and neglect
- Participate in workshops sponsored by groups such as: professional associations; government agencies; volunteer organizations; and groups of concerned citizens
- Utilize television, radio, and press for dissemination
- Publish materials in specialty periodicals, professional journals, popular magazines, and newspapers; and compile materials into informational packets for distribution through the mail or at meetings and workshops

Commentary

Dissemination of educational materials is best done as a cooperative venture at the State level, in order to minimize confusion, omissions, duplication, and cost, and to maximize information and consistency. Such efforts may be well coordinated by the State Child Protection Coordinating Committee.

SECTION G: STANDARDS FOR THE MENTAL HEALTH SYSTEM

Standards for the Mental Health System encompass a wide spectrum of facilities, practitioners, and services. The facilities include the State Department of Mental Health (in some states called the Department of Human Resources, etc.); local public Mental Health Agencies (including mental health clinics and community mental health centers); other public mental health facilities such as psychiatric wards and outpatient clinics of State or city hospitals; and private mental health facilities such as child guidance and residential treatment centers. Mental health practitioners, such as psychiatrists, psychologists, psychiatric social workers, counselors, paraprofessionals, and others may practice independently, within the facilities listed above, or practice as mental health staff for agencies in the physical health, educational, judicial, business, law enforcement, and social welfare systems. Mental health services include: individual, family and group psychotherapy and/or counseling (including dynamic, existential, behavioral, educational, environmental, pharmacological, self-help, and other approaches); assessment and diagnosis; training; and consultation.

Title III of the Health Revenue Sharing Act of 1975 (P.L. 94-63) requires that comprehensive Community Mental Health Centers funded under the Act provide the following services to the general population: emergency services; inpatient care; partial hospitalization (e.g., day treatment care or occasional weekend and night care); outpatient care; rehabilitation services; screening assistance to courts and other agencies (e.g., psychiatric or psychological evaluations); transitional halfway house services (e.g., alternative living arrangements and community residences); and community consultation and education to other public agencies and private non-profit groups. In addition, specialized services are required for children, the elderly, mental hospital returnees (follow-up care), drug addicts, and alcoholics.

As is evident by the breadth of the mental health system and its services, there can be an overlap between treatment services that are to be provided by the mental health system and those to be provided by Local Child Protective Services Units. Therefore, specific arrangements for provision and coordination of services must be mutually determined by the facilities, practitioners, and consumers involved on both State and local levels. Whatever arrangements are made, it is necessary to have mental health care

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readily available in the community and to provide treatment services for the abused or neglected child, the parents and the family as a whole. Because of the great variation in type, sophistication, and availability of mental health services under different regional, demographic and cultural variables, specificity in terms of number of staff, qualifications of personnel, etc., has not been included in this Section. It is assumed that judgments such as size and qualifications of staff will be based on the general availability of local mental health facilities, practitioners, and resources.

It is important, however, that mental health services in the area of child abuse and neglect be provided from a more ecological perspective than is traditionally accomplished. The mental health system (along with most others) traditionally has not been involved in working with the problems of child abuse and neglect. Some mental health personnel have considered the problem of child abuse and neglect as being identical to other social problems and have failed to provide specialized services. Some have believed the problem was so different in every way that no services could be provided. On the other hand, many practitioners and facilities in the mental health system have made significant contributions to the prevention, identification, and treatment of child abuse and neglect. The following Standards and Guidelines are intended to aid mental health practitioners in the development of awareness, involvement, and competency in efforts to reduce the incidence of child abuse and neglect.

Administration and Management

STANDARD G-1

THE STATE DEPARTMENT OF MENTAL HEALTH SHOULD DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES FOR THE SUPPORT OF SERVICES TO ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES

Guidelines

- Recognize that different States may have alternate names and organizational arrangements for departments that are legally responsible for providing mental health services
- Recognize that child abuse and neglect cases constitute clientele eligible for mental health services

STANDARDS FOR THE MENTAL HEALTH SYSTEM

- Recognize that the mental health system traditionally has not been involved with child abuse and neglect prevention, identification, and treatment activities

- Designate person(s) with demonstrated skills in both the fields of child protective services and mental health services to specialize in child abuse and neglect prevention and treatment efforts

- Allocate adequate funds for State-wide child abuse and neglect mental health efforts in the areas of prevention, treatment, research, and evaluation

- Assess existing services and support the delivery of sufficient mental health services in cases of child abuse and neglect

- Develop a child abuse and neglect policy and procedures manual for dissemination to and use by mental health practitioners

- Include the following in the manual: State Law provisions. including reporting requirements and procedures; operational guidelines regarding institutional abuse and neglect for residential institutions sponsored by the State Department for Mental Health; and conditions for licensing public and private institutions used for the placement of emotionally disturbed children

- Disseminate child abuse and neglect training materials developed by the State Child Protection Coordinating Committee to State mental health facilities and Local Mental Health Agencies

- Contribute to the Annual State Plan on Services for Children and Families, and to the Annual Report on Child Abuse and Neglect Prevention and Treatment to be submitted to the Governor and Legislature (Cross-reference to STATE AUTHORITY, p. III-55)

- Promote external coordination with other State departments, private organizations, voluntary agencies, and consumers

Commentary

This and some of the other Standards are relatively explicit as to functions and roles. What should be implicit and understood is that effective and constructive leadership, influence, and power by the State Department of Mental Health in the field of child abuse and neglect necessitates more than manuals, procedures, money, and appointments. Vision, enthusiasm, creativity, and determination are nonspecific process characteristics which the State Department and other facilities and practitioners must possess if really meaningful intervention with respect to child abuse and neglect is to be effected.

STANDARD G-2

THE LOCAL PUBLIC MENTAL HEALTH AGENCY SHOULD PROVIDE MENTAL HEALTH SERVICES FOR ABUSED AND NEGLECTED CHILDREN

Guidelines

- Appoint personnel with expertise in both child protective services and in mental health services and develop a specialized child abuse and neglect unit or team (guarding against dangers of isolation, stigma, and overspecialization)
- Arrange for a private mental health agency or practitioner to assume responsibility for provision of services when this transfer is necessary to insure that needed services will be received
- Supplement the State Department of Mental Health's child abuse and neglect policy and procedures manual with local interagency agreements and procedures on areas such as:
    (1) the appointment of mental health practitioners to the staff of the Local Child Protective Services Unit
    (2) referrals between the Local Child Protective Services Unit and the community's mental health facilities and private mental health practitioner(s)
    (3) feedback between the Local Child Protective Services Unit and the community's mental health facilities and private mental health practitioners
    (4) participation by mental health practitioner(s) on the community's Multi-disciplinary Case Consultation Team
    (5) the conditions for a waived assessment by the Local Child Protective Services Unit (Cross-reference to LOCAL AUTHORITY, p. III-103)
- Provide input into the Local Plan of Action (Cross-reference to LOCAL AUTHORITY, p. III-90)
- Encourage other public and private mental health facilities within the community to develop specialized child abuse and neglect unit(s) or teams and hire staff trained in child abuse and negelct mental health services

STANDARD G-3

THE STATE DEPARTMENT OF MENTAL HEALTH SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE, AND LOCAL MENTAL HEALTH PRACTITIONERS SHOULD PARTICIPATE ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross-reference to STATE AUTHORITY, p. III-45 and LOCAL AUTHORITY, p. III-86

- Appoint representatives in the following manner:

  (1) the Director of the State Department of Mental Health is to determine representative(s) to the State Child Protection Coordinating Committee
  (2) the Director of the Local Mental Health Agency is to determine those community mental health practitioners who are to serve on the Community Child Protection Coordinating Council. Practitioners should be representative of the Local Mental Health Agency, public and private mental health facilities, and private mental health practitioners
  (3) the representative(s) is to have sufficient authority within the State Department of Mental Health or his community mental health facility to represent fully the concerns and policies of the Department or facility
  (4) representatives (or their alternates) are to attend all meetings
  (5) representatives are to make available copies of minutes and materials to the State Department of Mental Health or the Local Mental Health Agency
  (6) representatives are to send, to appropriate personnel in the State Department of Mental Health or the Local Mental Health Agency, written reports which detail specific actions taken and directions proposed at meetings, and to solicit comments and suggestions for presentation at future meetings

STANDARDS FOR THE MENTAL HEALTH SYSTEM

STANDARD G-4

MENTAL HEALTH PRACTITIONERS AND MENTAL HEALTH FACILITIES SHOULD ACCORD EQUAL PRIORITY TO CHILD ABUSE AND NEGLECT MENTAL HEALTH SERVICES

Guidelines

- Recognize that children, adults, and families receiving child abuse and neglect mental health services should not receive mental health services inferior in quality to those provided other individuals

- Comply with the standards established by nationally recognized accrediting and professional organizations for mental health services

- Recognize the responsibility to provide equal opportunity, availability, and quality of mental health services to all, without regard to ethnicity, socioeconomic class, age, or sex

- Recognize the responsibility for mental health services to be responsive to unique community needs such as cultural, ethnic, language, or religious variations

- Determine acceptable levels of education and experience for mental health practitioners in relation to specific mental health services for abusive and neglectful families

- Develop, with clients, mutually acceptable and flexible procedures based on informed agreement in such areas as:

  (1) delivery of services
  (2) reimbursement procedures
  (3) third party reporting

- Recognize the need to know of other public and private emergency, advocacy, supportive, and treatment services available from other community service providers to deal with child abuse and neglect

- Define clearly the lines of supervision and responsibility when several service providers are working on the same child abuse and neglect case

- Inform, or work with the Local Child Protective Services Unit to inform clients of their rights to refuse services and to choose alternative courses of treatment or action

- Use professional associations, governmental boards and commissions, consumer groups, and structured peer review to ensure that dangerous or unethical services are not being given

STANDARD G-5

ALL ASPECTS OF THE MENTAL HEALTH SYSTEM SHOULD FULFILL THEIR ETHICAL RESPONSIBILITY TO THOSE THEY SERVE BY ENSURING THAT RIGHTS ARE PROTECTED

Guidelines

- Accept responsibility to help protect the rights of abused and neglected children and their families
- Examine programs, policies, and procedures to see whether rights are violated in any manner during the course of treatment and related child protective functions
- Implement necessary changes in programs, policies, and procedures to protect the rights of those served

STANDARD G-6

MENTAL HEALTH PRACTITIONERS SHOULD BE AWARE THAT THEIR PERSONAL FEELINGS, ATTITUDES, TRAINING AND WORK ENVIRONMENT AFFECT INTERACTIONS WITH CLIENTS, PARTICULARLY IN CHILD ABUSE AND NEGLECT CASES

Guidelines

- Recognize that child abuse and neglect spark feelings of an intensity and nature that seldom arise from other social-psychological problems
- Assess personal attitudes that may impede treatment effectiveness with child abuse and neglect cases, such as attitudes concerning:
  (1) the roles and responsibilities of the family in today's society; and the relationship between children's, parents', and families' rights
  (2) one's own parents and childhood
  (3) child abuse and neglect, and the parents and children involved

(4) use of violence
(5) one's own ability to deal with frustration and hostility
(6) treatment issues, such as therapist bias; countertransference and rescue fantasies; brief versus long-term therapy; extent of involvement in client's situational problems; outreach; home visits; flexibility in scheduling of appointments and length of time for the appointment; and limits of confidentiality
(7) coordination issues, such as working with other agencies and disciplines; sharing treatment and case management responsibility; participation on a Multi-disciplinary Case Consultation Team; and involvement with the judicial system and willingness to testify in court

- Modify personal attitudes hindering treatment effectiveness of child abuse and neglect cases by:

  (1) utilizing clinical supervision and guidance
  (2) attending in-service or other training sessions
  (3) observing other mental health practitioners who are providing child abuse and neglect treatment services
  (4) attending professional educational seminars and workshops sponsored by institutions of higher learning, professional associations, State departments, and local agencies
  (5) providing direct treatment services in cases of child abuse and neglect
  (6) reading professional mental health literature
  (7) exploring and reflecting on the issues involved in child abuse and neglect

- Insure that staff, students, etc. have the opportunity and encouragement to deal with the issues described in this Standard through training, supervision, and leadership

- Recognize and accept that not every mental health practitioner is suited to dealing with situations of child abuse and neglect

Prevention and Treatment

STANDARD G-7

MENTAL HEALTH PRACTITIONERS AND FACILITIES, IN COOPERATION WITH OTHER COMMUNITY AND PROFESSIONAL ORGANIZATIONS, SHOULD BE ADVOCATES FOR CHANGES IN SOCIAL, POLITICAL, AND ENVIRONMENTAL CONDITIONS WHICH AFFECT THE INCIDENCE AND SEVERITY OF CHILD ABUSE AND NEGLECT

Guidelines

- Recognize that the incidence and severity of child abuse and neglect, both societally and in individual families, are affected by social, political, and environmental issues and conditions such as:

  (1) the role of children in society
  (2) the changing compositions and roles of families
  (3) the culture of violence
  (4) the existence of poverty
  (5) unemployment
  (6) crowding and substandard housing
  (7) unwanted children
  (8) rigidity and lack of dignity associated with services provided by many public and private agencies and institutions
  (9) corporal punishment and abuse in schools and other child care institutions
  (10) need for increased number of high quality day care facilities

- Become involved in improving social, political, and environmental systems by:

  (1) advocating for sufficient quality and quantity of services for families in the community
  (2) helping individual families deal more effectively with environmental stress and the agencies affecting their lives

(3) using clinical and research knowledge and expert testimony to increase community and governmental awareness of the relationship between child abuse and neglect and such factors as unplanned or unwanted children, and the display of violence towards children

- Perform advocacy functions in conjunction with activities of the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council

STANDARD G-8

MENTAL HEALTH PRACTITIONERS SHOULD DEVELOP PROGRAMS AND PROVIDE SERVICES TO HELP PARENTS IMPROVE THEIR PARENTING SKILLS AND KNOWLEDGE

Guidelines

- Recognize that effective parenting skills are an important key in preventing child abuse and neglect
- Recognize that different philosophies of child rearing and variations in acceptable parenting behaviors exist, due in part to cultural and ethnic differences
- Recognize that effective parenting is difficult and that there is a general lack of helping resources (including appropriate training for parenthood) available to parents
- Recognize the effect of changing cultural and demographic variables on family life
- Identify target groups, such as school-age parents, prospective parents, and parents of children with disabilities (or "special needs") who may have special needs for training in parenthood
- Identify and evaluate different parent-training programs, approaches, and presentation formats

- Assess local resources available to provide parent education, including needed financial and "political" support
- Coordinate parent education efforts with other community organizations such as private agencies, voluntary organizations, schools, hospitals, clinics, and churches
- Sponsor workshops, classes, and training sessions
- Include a focus on attitudes and child development as well as on parenting skills
- Raise community awareness that child abuse and neglect are extremes on the continuum of normative child rearing patterns and that many parents, not yet abusers or neglectors, are priorities for parenting help

STANDARD G-9

MENTAL HEALTH PRACTITIONERS SHOULD DEVELOP PROGRAMS AND PROVIDE SERVICES FOR INDIVIDUALS AND FAMILIES WHO ARE IN CRISIS OR ARE AT RISK

Guidelines

- Recognize that a crisis represents both a potentially devastating situation and a chance to strengthen the family
- Recognize and assess special needs and problems of individuals and families in crisis or at risk including, but not limited to, those with problems related to: alcohol and drug addiction, marital discord, intra- and inter-personal conflicts, excessive violence, social isolation, and behavior difficulties and/or handicaps of children
- Recognize that mental health services for individuals and families in crisis or at risk also must be available to families who may abuse or neglect their children
- Plan programs and services in cooperation with the Community Child Protection Coordinating Council and participate in its community needs assessment

- Provide for individuals, couples, families, and groups directly, or work with community organizations to ensure, the delivery of mental health services including: psychological and psychiatric counseling; alcohol and drug abuse counseling; self-help groups; crisis therapy; emergency shelters; hotlines; hospital in-patient care and nursing; psychoeducational therapy; therapeutic day care; and crisis nurseries for children

STANDARD G-10

MENTAL HEALTH FACILITIES SHOULD OFFER A RANGE OF CHILD ABUSE AND NEGLECT TREATMENT SERVICES TO REACH THE CHILD, THE PARENTS, AND THE FAMILY AS A UNIT

Guidelines

- Recognize that the great emotional and developmental needs and problems of abused and neglected children are frequently ignored, particularly after their safety has been ensured and their physical injuries have been attended to
- Recognize that parents who abuse or neglect their children are often reluctant, themselves, or for their children to become involved in treatment
- Recognize that a poor self-concept and inadequate parenting may have a reciprocal negative effect on the parent, and the acquisition of parenting skills may sometimes do more for the parent's self-concept than individual counseling
- Recognize that a wide range of flexible treatment services needs to be available within a community because of the multi-dimensional nature of child abuse and neglect
- Recognize that child abuse is a family problem and should not be viewed or defined through just one segment of the problem (e.g., parents' lack of impulse control)

STANDARDS FOR THE MENTAL HEALTH SYSTEM

- Recognize the special treatment needs of sexually abused children and their families
- Recognize that treatment services need to be coordinated with other community resources being utilized by the family
- Assess, and modify as neccessary, procedures and policies which may impede mental health service delivery to abusive and neglectful families, focusing on:
    (1) the lack of training of many practitioners
    (2) follow-up on missed appointments, outreach, and home visits
    (3) 24-hour staff availability
    (4) flexible appointment scheduling
    (5) the necessity of becoming involved with the family's environmental situation
- Assess the need for and designate persons(s) with expertise in child abuse and neglect and mental health services to treat child abuse and neglect, and to provide specialized child abuse and neglect training and consultation to other staff
- Assess, before selecting the appropriate treatment intervention strategy: the emotional and developmental treatment needs of the abused or neglected child; the personal and parental functioning levels of adults alleged to have abused or neglected the child; and the family's situation as a whole
- Plan programs and services in cooperation with the Community Child Protection Coordinating Council and the community needs assessment
- Provide for the abused or neglected child treatment services such as counseling, play therapy, residential treatment, therapeutic day care, psychoeducational therapy, and/or adolescent groups with consideration of the following:
    (1) the frequent need for complete emotional and developmental assessment
    (2) the types of specialized personnel needed
    (3) the special characteristics and problems of abused and neglected children
    (4) the special problems of treating a child in foster care

(5) the relationship among the child's problems, the actual abuse, and the environmental milieu in which it occurred
(6) the need for advocacy and representation for childen receiving treatment services

- Provide treatment services for parents alleged to have abused or neglected a child through such approaches as counseling, therapy, self-help groups, and lay therapy with consideration of the following:

  (1) the type of specialized personnel needed
  (2) the special characteristics and problems of those who abuse or neglect children

- Develop an individualized treatment plan for the family as a whole and for each family member as appropriate

- Provide for the entire family system such treatment services as family therapy, family activity therapy, family group homes, family-oriented schools and day care facilities with consideration of the following:

  (1) a family system approach focuses on relationships and reciprocal transactions, even when only one (or two) family member(s) is receiving mental health services
  (2) types and methods of family treatment programs and the types of specialized personnel needed
  (3) individual parent or child treatment in the context of the family situation and relationships
  (4) dissonance between the traditional characteristics of the counselor-client relationship in individual therapy and the necessity of seeing, at times, the entire family as the "client" while counseling one individual
  (5) criteria concerning whether and when the child should be removed from and returned to his home
  (6) family treatment when the child has been removed from the home

- Realize that isolated individual therapy of a parent or child may result in the following:

  (1) distortion and/or exaggerated feelings about other family members

(2) unconditional positive regard and extreme allegiance to the individual client with lack of focus on issues regarding:
  (a) other family members
  (b) the possibility of further abuse

- Review treatment progress periodically, revise the treatment plan as appropriate, and provide periodic feedback to the Local Child Protective Services Unit
- Coordinate treatment with other community resources, particularly with the Local Child Protective Services Unit
- Participate on the community's Multi-disciplinary Case Consultation Team

Commentary

Traditionally, focusing on the abusive parent and giving parents the "parenting they never had" were thought to be both necessary and sufficient to stop child abuse and neglect. The prime focus of treatment for abused or neglected children was their physical health. There is now increasing recognition that abused and neglected children often have an extremely high incidence of developmental delay and emotional disturbance and great need for direct services. There is less recognition of the role that the child and the child's behavior plays in the initiation, continuation, and exacerbation of the abuse. Practitioners are also beginning to find that work on parenting as well as on personal problems is usually necessary for successful therapy of parents to prevent additional abuse and neglect.

Despite the fact that child abuse and neglect usually occur in the context of a family, family systems and other family approaches to treatment are not widely known. Without such an approach, treatment is often indirect, alienates family members, and misses: the family's natural tendency to resist change; family communication patterns; the effects of the child's behavior and personality on the parents; and the relationship of the child's temperament to parenting style and personality. It is important, therefore, to focus on the family-parent-child relationship while treating abusive and neglectful families. Working with parents and children together and concurrently whenever indicated makes possible a change in their relationships, attitudes, parenting skills, the child's development and behavior, and the successful treatment and/or prevention of child abuse and neglect.

STANDARDS FOR THE MENTAL HEALTH SYSTEM

STANDARD G-11

MENTAL HEALTH PRACTITIONERS SHOULD LEARN AND USE THE INDICATORS OF CHILD ABUSE AND NEGLECT AND COMPLY WITH REPORTING REQUIREMENTS AND PROCEDURES WHEN CHILD ABUSE OR NEGLECT IS SUSPECTED

Guidelines

- As a prerequisite to using and assessing indicators of child abuse and neglect, recognize that any child may be suffering from child abuse and neglect
- Recognize various traits that might indicate that child abuse or neglect has occurred, including: the child's physical health indicators; the child's behavioral indicators; parental indicators; familial indicators; and environmental indicators
- Assess whether indicators reflect child abuse or neglect through: informal observation; formal structured observation; interviews; counseling sessions; and parental verbalizations or behaviors exhibited during other activities
- Assess indicators in conjunction with information received from the child and family members
- Know and comply with, as indicated:
    - (1) State Law provisions including: legal definitions of child abuse and neglect; types of mental health practitioners mandated to report; the need only to suspect child abuse and neglect in order to make a report; reporting immunities; statutory and possible civil consequences for failing to report; privileged communications; confidentiality of reports; and State reporting procedures
    - (2) internal reporting procedures within the mental health facility
    - (3) the professional code of ethics including confidentiality issues and the responsibility to the community and potential victims of harm
- Arrange for:
    - (1) consultation from the Local Child Protective Services Unit to mental health practitioners on situations in which the need to report is questioned

(2) making reports on a qualified or tentative basis
(3) understanding the relationship of the report to subsequent investigation and treatment approaches

- Encourage self-reporting by families whenever possible
- Include in mental health facility manuals information regarding the State Law and agency policies on: the reporting of suspected child abuse and neglect, and the need for supervisors to ensure that practitioners comply with the manual; the conditions for a waived assessment by the Local Child Protective Services Unit (Cross-reference to Local Authority, p. III-103)
- Know how to testify in court as a possible outcome of reporting suspected or actual cases of child abuse and neglect

Commentary

Confidentiality is a controversial topic, with some mental health practitioners believing that absolute confidentiality is a prerequisite for effective therapy. Practitioners should be aware that besides statutory penalties for failing to report suspected or actual child abuse and neglect, serious civil liability is possible and becoming increasingly more likely. As discussed in Chapter II, society has a responsibility for the protection of children from harm. As members of society and a system attempting to ensure health and well-being, mental health practitioners should freely report suspicions of child abuse and neglect. Sometimes fear of harmful or ineffective intervention by the local protective services or probation unit is the basis for not making a report. In these situations, it becomes particularly important and necessary to follow the Standards and Guidelines relating to provision of treatment services, mental health training for case and probation workers, staffing and consultation on child protection teams, and input into coordinating councils and committees.

STANDARD G-12

MENTAL HEALTH PRACTITIONERS AND FACILITIES SHOULD COOPERATE WITH OTHER COMMUNITY ORGANIZATIONS AND SYSTEMS INVOLVED WITH CHILD ABUSE AND NEGLECT, AND SHOULD PARTICIPATE ON MULTI-DISCIPLINARY TEAMS

Guidelines

- Participate on professional and community advisory boards and coordination committees for:
  (1) clarification of case acceptance criteria and referral mechanisms
  (2) professional practices and treatment
  (3) advocacy
  (4) community awareness
  (5) agency-community policy
  (6) program planning and evaluation
  (7) training and education

- Interact with the Local Child Protective Services Unit as:
  (1) mental health personnel on a team or staff
  (2) mental health consultant or contractee (on-going or regarding an individual case)
  (3) mental health personnel involved in a child abuse or neglect case or situation

- Interact with the judicial system through:
  (1) the appointment of mental health practitioners to the court's staff or as consultants to the court
  (2) the provision of technical assistance to judicial personnel on the importance (and problems) of having relevant mental health information used in court proceedings
  (3) serving as expert witnesses and/or a court-appointed evaluator

- Serve as a staff member, consultant, or trainer, and/or cooperate with the physical health, law enforcement, educational, and other systems

- Serve as consultant and/or trainer for groups involved in child abuse and neglect activities such as foster parents and Parents Anonymous

- Share with other community organizations and systems involved in child abuse and neglect, knowledge of each other's personnel, roles, norms, responsibilities, and characteristics
- Be aware of the sociological variables involved in multi-disciplinary and interagency interaction and how they enhance or impede cooperative and effective collaboration

Resource Enhancement

STANDARD G-13

MENTAL HEALTH PRACTITIONERS AND MENTAL HEALTH FACILITIES SHOULD PROVIDE AND PARTICIPATE IN PROFESSIONAL TRAINING ON CHILD ABUSE AND NEGLECT PREVENTION, IDENTIFICATION, AND TREATMENT

Guidelines

- Recognize that most mental health practitioners have a general lack of training in child abuse and neglect
- Recognize the need to provide mental health information to non-mental health professionals working in child abuse and neglect programs
- Recognize that child abuse and neglect are multi-faceted and may exist in on-going caseloads of mental health practitioners
- Identify agencies and institutions that could assume leadership in providing child abuse and neglect training to mental health practitioners including: professional schools; professional associations; the State Departments of Mental Health and Social Services; the Local Social Services Agency; and public and private mental health facilities
- Identify the target groups and training settings

STANDARDS FOR THE MENTAL HEALTH SYSTEM

- Utilize an inter-disciplinary approach to training, considering the need for reciprocal training among mental health practitioners, local child protective services workers, and physical health, judicial, law enforcement, and educational agency staffs

- Coordinate training activities with other mental health facilities, professional associations, State and local government agencies, and voluntary organizations by conducting, sponsoring, and/or participating in such activities and by having continuing education credit given to participants, where indicated

- Encourage undergraduate, graduate, and postgraduate mental health educational programs to provide child abuse and neglect training, including the provision of appropriate field placement opportunities for students

- Develop flexible and divergent training formats such as workshops, practical experience, lectures, films, written information, and retreats, with different types of time frames and schedules

- Focus training on:

  (1) awareness of personal attitudes and feelings which may impede treatment effectiveness
  (2) skill development in counseling, assessment, and consultation
  (3) characteristics of abused and neglected children and their parents
  (4) indicators of child abuse and neglect
  (5) State Law provisions
  (6) internal reporting procedures for mental health facilities
  (7) the Multi-disciplinary Case Consultation Team approach
  (8) variations in different cultural and ethnic groups
  (9) testifying in court
  (10) court-related assessments
  (11) parent-training skills

STANDARD G-14

THE STATE DEPARTMENT OF MENTAL HEALTH AND THE LOCAL PUBLIC MENTAL HEALTH AGENCY SHOULD CONDUCT AN ANNUAL EVALUATION OF THEIR CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT EFFORTS

Guidelines

- Perform evaluation by using State Department of Mental Health staff trained in research and evaluation, with input from Local Mental Health Agencies
- Obtain assistance from the Department of Social Services and/or the Local Social Services Agency, and coordinate evaluation efforts
- Evaluate areas such as: mental health treatment services in child abuse and neglect cases; training and education efforts; interagency coordination; and advocacy efforts
- Forward findings via the State Department of Mental Health to the State Child Protection Coordinating Committee, and to the Independent State Agency, the Community Child Protection Coordinating Council, public and private mental health facilities, and policy makers
- Support and perform (along with all mental health facilities and practitioners) research on the causation, prevention, identification, and treatment of child abuse and neglect

SECTION H: STANDARDS FOR THE EDUCATIONAL SYSTEM

Standards for the Educational System have been written to reflect what is currently known about the most effective ways American schools, both public and private, may prevent, identify, and treat child abuse and neglect. The rationales for most of the Standards are self-evident or become evident through the Guidelines and Commentaries. Five general facts should be kept in mind, however:

- Current data establish that more than 50 percent of the abused and neglected children in America are of school age. Hence, the education system and school personnel should be involved

- While some school personnel are concerned about the impact of the Family Educational Rights and Privacy Act (Buckley Amendment) on State reporting laws and procedures, neither the Act's provisions nor its regulations interfere with school personnel's reporting known and suspected child abuse and neglect, i.e., parental consent for disclosure of information based on personal observation is not required. However, if the information to be disclosed is obtained from any of the child's school records, disclosure without prior parental consent is restricted to certain situations, e.g., when the health or safety of the child is endangered

- The problems of child abuse and neglect are multi-disciplinary, and, therefore, any solutions must be based on community awareness and interagency cooperation

- School personnel observe and interact with abused and neglected school-age children on a daily basis throughout the school year. They are in a position to observe children's appearance and behavior, and thus are in an excellent position to identify the signs and symptoms of abuse and neglect and to initiate the intervention of child protective services. In the absence of early detection, reporting, and intervention, the abusive and/or neglectful behavior may continue and become more severe with the passage of time

- The residual effects of abuse and neglect may remain long after the physical effects are minimized or eliminated. The residual effects may inhibit learning and be manifested in social maladjustment, and emotional problems may remain with the individual throughout adulthood. Hence, the problems of abuse and neglect become educational problems with which the schools are expected to deal

STANDARDS FOR THE EDUCATIONAL SYSTEM

A thorough understanding and appropriate application of the Standards presented in this Section will substantially enhance appropriate involvement of the educational system in confronting the problem of child abuse and neglect.

Administration and Management

STANDARD H-1

THE STATE DEPARTMENT OF EDUCATION SHOULD DEVELOP AND IMPLEMENT CHILD ABUSE AND NEGLECT REPORTING POLICIES AND PROCEDURES

Guidelines

- Develop a model policy for use by all school districts that include:
  - (1) reporting responsibilities and related considerations:
    - (a) school personnel's reporting responsibilities defined in State Law, including the fact that school personnel have a responsibility to report even when the principal disagrees
    - (b) school personnel need only to suspect child abuse or neglect -- proof is not required
    - (c) school districts' roles in meeting responsibilities specified in State Law
    - (d) school personnel's reporting immunities
    - (e) consequences to school personnel when child abuse or neglect is suspected, but not reported
  - (2) reporting procedures and related considerations:
    - (a) school personnel are to use skill and sensitivity when talking to the child and/or when examining his injuries
    - (b) school administrative personnel are encouraged to notify parents when a report has been made
    - (c) school personnel are to make additional reports if they have reason to suspect that abuse or neglect is recurring to a child previously reported

STANDARDS FOR THE EDUCATIONAL SYSTEM

- Include in the model policy information for use by all school districts that focuses on: when to report; how to report; to whom to report; how and when to interview the child; and what record-keeping requirements exist

- Implement the model policy and:

  (1) require school districts to coordinate their efforts with the Local Educational Agency and the Local Child Protective Services Unit in providing annual in-service training for school personnel on child abuse and neglect identification and reporting

  (2) require that a written reporting procedure be distributed to all school personnel on a yearly basis

- Collect annual data on school districts' implementation and use of the child abuse and neglect model reporting policy

Commentary

Currently, most of the 50 States have passed laws specifying that educators, as well as other professionals, are specifically mandated to report all known or suspected cases of abuse and neglect. Many of these States also include criminal or civil legal sanctions against those who fail to make such reports.

Despite these legal standards, many incidents of child abuse and neglect are not being recognized or reported systematically by school personnel. Two of the major reasons for the lack of reporting by school personnel are that: (1) written district policy that clearly delineates responsibilities and procedures for reporting does not exist or is not regularly disseminated; and (2) personnel do not have a clear understanding of what the law requires. By informing school personnel of their legal and moral responsibility to report, the problem of non-reporting in schools can be substantially alleviated.

STANDARD H-2

THE STATE DEPARTMENT OF EDUCATION AND THE LOCAL EDUCATION AGENCY SHOULD ENSURE THAT THE RIGHTS OF ALL SCHOOL PERSONNEL, STUDENTS, AND FAMILIES ARE RESPECTED AND PROTECTED

Guidelines

- Recognize the responsibility to protect the rights of school personnel, families, and students identified in a child abuse and neglect report
- Examine educational programs, policies, and procedures to ensure that they do not violate an individual's rights
- Implement changes, as necessary, in programs, policies and procedures to protect better the rights of school personnel, families, and students
- Maintain school records pertaining to founded child abuse or neglect in a separate file to ensure confidentiality by:
  - (1) locating the file in the school district's office
  - (2) designating one person in the district office to file the reports and supervise access to the file
  - (3) forwarding school reports of child abuse and neglect to the district office within 48 hours
  - (4) limiting access to the file only to certain authorized school personnel and professional personnel directly involved in child protective services, under certain conditions:
    - (a) in cases of verification or clarification of the information contained in the original report
    - (b) in instances where reports have been misplaced or lost by the Local Child Protective Services Unit, and copies need to be made to facilitate the assessment activities or to substantiate their findings
    - (c) under court order
  - (5) directing questions pertaining to the origin of the report to the Local Child Protective Services Unit responsible for assessing the report

STANDARDS FOR THE EDUCATIONAL SYSTEM

Commentary

Only authorized personnel should have access to the central child abuse and neglect reports which have been made by individuals in the educational system. Access to the records by non-authorized personnel compromises the right to privacy of the children and families involved. The designation of one person to supervise the central file will ensure that the file is utilized for its intended purpose. This person should be responsible for investigating the credentials of persons requesting information from the file and should be authorized to permit or deny access to the information contained in the file. If a child changes school districts, the records should be forwarded to the new school district.

The Family Educational Rights and Privacy Act does not interfere with reporting of suspected child abuse and neglect cases by school personnel. However, it should be remembered that a record or reference to such a report that is maintained by the school must be made available, upon request, to the parent.

STANDARD H-3

THE STATE DEPARTMENT OF EDUCATION SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE, AND THE LOCAL EDUCATION AGENCY SHOULD PARTICIPATE ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross-reference to STATE AUTHORITY, p. III-45, and to LOCAL AUTHORITY, p. III-86

- Determine representatives and their responsibilities as follows:

  (1) the Director of the State Department of Education is to determine the representative to the State Child Protection Coordinating Committee
  (2) the Director of the Local Education Agency is to appoint the representative to the Community Child Protection Coordinating Council

(3) representatives are to have sufficient responsibility within the State Department of Education or the Local Education Agency to represent their interests and interpret their policies fully

(4) representatives (or their alternates) are responsible for attending all meetings

(5) representatives are responsible for making available copies of minutes and materials to the State Department of Education or the Local Education Agency

(6) representatives are responsible for sending written reports to appropriate personnel in the State Department of Education or the Local Education Agency which detail specific actions taken and directions proposed at meetings, and soliciting comments and suggestions for presentation at future meetings

- Plan and advocate for the provision of services on a State-wide basis
- Plan and advocate for the provision of services to individual children and families, including medical, social, and treatment services
- Provide input into Annual State Plan on Services for Children and Families, the Annual Report on Child Abuse and Neglect Prevention and Treatment, and the Local Plan of Action (Cross-reference to STATE AUTHORITY, p. III-55, and to LOCAL AUTHORITY, p. III-90)

Commentary

This Standard recognizes communication, cooperation, and coordination among agencies concerned with the prevention and treatment of child abuse and neglect as key concepts in planning program improvements. Therefore, the Standard urges that the State Department of Education and the Local Education Agency should be members of the State Child Protection Coordinating Committee and the Community Child Protection Coordinating Council, so that gaps and duplication of effort among agencies can be minimized. Coordination accomplished by representation of all agencies involved will aid in the following administrative tasks: (1) identifying problems in the State and the community; (2) identifying and eliminating problems among State departments and among local agencies; (3) overseeing the development of new services; (4) obtaining funding for programs; (5) maintaining liaison with other State departments and agencies; and(6) recommending changes in services, policies, and procedures as needed.

STANDARDS FOR THE EDUCATIONAL SYSTEM

Prevention and Treatment

STANDARD H-4

THE LOCAL EDUCATION AGENCY SHOULD OFFER PROGRAMS TO STUDENTS AND ADULTS ON PARENTING AND CHILD REARING

Guidelines

- Recognize the importance of providing programs on parenting and child rearing
- Plan programs, based on a community needs assessment, in cooperation with the Community Child Protection Coordinating Council
- Develop curricula addressing child development, family life education, home management skills, self-awareness, and community resources for special needs
- Stress practical experience, including physical interaction with infants and young children
- Design programs to be responsive to the life situations of participants
- Provide family life and health education programs for elementary students
- Provide mandatory parenting and child rearing programs for all secondary students (grades 7-12)
- Provide programs during non-working hours for adults

Commentary

Concern is often expressed about the manner in which society now prepares youth to assume the role of a parent. To date, it appears that educators become concerned about the parenting skills an adolescent has learned only when the adolescent female becomes pregnant or the adolescent male assumes the role of a father.

Relative to primary prevention, the offering of programs regarding appropriate child rearing and parenting skills appears to be of the utmost significance. It is a common belief that the practices of abuse to children are passed on from generation to generation within a family, and that abuse is symptomatic of an inability of the parents to cope adequately with daily stress. Having been reared in an environment where parental nurturance and support were minimal or absent, the parent lacks the appropriate child rearing and parenting behaviors which could alter his own possible abusing tendencies. When a crisis arises, which may be the result of the parent's lack of understanding of appropriate, non-abusive parenting techniques coupled with the inability to cope adequately with accompanying stress, abuse to the child may occur. The goal of the parenting programs, then, is to teach appropriate parenting and child rearing practices, along with methods and techniques for anticipating and handling crisis which may occur.

Parenting programs may also yield several other beneficial results. First, the adolescents may appreciate more fully their own parents and siblings and be better able to deal with the tensions that all families experience. Second, adults who enroll in a parenting program may transport some of the humanity and concern expressed by program teachers into the rest of the community. Third, as a result of experience with infants and exposure to high quality day care settings, young people, as well as adults, may become aware of new possibilities for their own future work -- as teachers, administrators, nurses, physicians, psychologists, or day care staff. And, finally, as a result of the program, young people and adults may become more sensitive to the central importance of parents in the child's life, to individual differences among children, and to the broad range of nutritional, medical, and psychological conditions that must be satisfied for a child to develop to his full potential. Young people and adults will learn that there are places to turn for personal help, that there are clinics and other local resources for prenatal and infant care, and that there are agencies that offer publications and resource materials.

STANDARD H-5

THE LOCAL EDUCATION AGENCY, IN COOPERATION WITH COMMUNITY ORGANIZATIONS, SHOULD ENSURE THE PROVISION OF CHILD CARE SERVICES FOR SCHOOL-AGE PARENTS

Guidelines

- Recognize the need to support the development of policies and programs that encourage pregnant students to remain in school

STANDARDS FOR THE EDUCATIONAL SYSTEM

- Recognize the special needs and problems of school-age parents
- Plan programs in cooperation with the Community Child Protection Coordinating Council and according to the community needs assessment
- Promote programs that offer:
  - (1) high quality infant nurseries, nursery schools and day care centers that are located in or near schools that the parents are attending
  - (2) foster home placement for the young mother and child in the same family, when appropriate
  - (3) high quality medical care and social services during pregnancy
- Provide or arrange for the postnatal needs of the young mother, father, infant, and their extended families

Commentary

The establishment of infant day care centers and nurseries which would provide consistent, high quality care to infants would circumvent many of the problems associated with adolescent parenthood. Infant nurseries and day care centers located within the schools could allow the mother and/or father of the child to come to the center to feed their babies or stop to visit between classes. When the facilities of the school do not allow for housing a day care center, these centers could be located near the school the parent(s) attend(s).

Economic issues are a major concern for school-age parents. Medical care, postnatal needs of the young family, and housing are necessities which present financial problems for these parents. Often forced to withdraw from school, the school-age parent has very little chance of securing employment which would offer more than minimal earnings. Odd jobs and late hours can put constant and severe strain on a relationship that may already be in jeopardy. With the cooperation of community organizations, resources and services provided to the school-age parent can help minimize many of the hardships which will be encountered by these young families.

STANDARDS FOR THE EDUCATIONAL SYSTEM

STANDARD H-6

THE LOCAL EDUCATION AGENCY, IN COOPERATION WITH COMMUNITY ORGANIZATIONS, SHOULD ENSURE THAT CHILD CARE SERVICES FOR CHILDREN AND FAMILIES AT RISK ARE AVAILABLE

Guidelines

- Recognize the school's role in alleviating the negative impact of societal and cultural forces on the child, the adults, and the family
- Plan programs, based on the community needs assessment, in cooperation with the Community Child Protection Coordinating Council
- Assist in developing and providing special services in the community, such as: play groups; crisis nurseries; therapeutic day care centers; family shelters; neighborhood programs; family crisis centers; and drop-in child care services
- Assist in developing and providing crisis and drop-in services 24 hours per day, seven days per week
- Make school buildings available for such services

Commentary

The development and improvement of crisis nurseries, family shelters, neighborhood programs, and family crisis centers virtually requires consultation and staff development. Educational agencies can participate in upgrading skills, sharing problems and points of view, and providing support and encouragement in learning activities needed to enhance the ability of child care staff to make necessary, day-to-day decisions.

The development of adequate treatment and intervention alternatives must be based on a strong working agreement among agencies, which will strengthen protective services programs and broaden the alternatives available to families for treatment.

STANDARDS FOR THE EDUCATIONAL SYSTEM

STANDARD H-7

THE LOCAL EDUCATION AGENCY, IN COOPERATION WITH COMMUNITY ORGANIZATIONS, SHOULD ENCOURAGE THE ESTABLISHMENT OF PROGRAMS TO IDENTIFY AND SERVE ADOLESCENTS AT RISK

Guidelines

- Recognize the special needs of the adolescent at risk:
  - (1) at risk in terms of his potential to become a parent who abuses or neglects his child(ren)
  - (2) at risk in terms of his being abused or neglected himself
- Identify the adolescent at risk by:
  - (1) assessing attitudes toward parenting and child rearing
  - (2) observing behavior in parenting courses or when the adolescent is assisting in nursery or day care centers
  - (3) being aware of a history of abuse or neglect; drug or alcohol abuse; involvement in demeaning sexual experiences; or delinquent behavior
  - (4) being aware that adolescents who have been placed in special classes for the emotionally or socially handicapped, learning disabled, or intellectually impaired, may be particularly at risk
- Plan programs for adolescents in cooperation with the Community Child Protection Coordinating Council based on the community needs assessment
- Provide services for the adolescent at risk through: cooperation with community agencies; individual and group counseling; educational counseling; programs or courses which promote self-awareness and human growth and development; and a general educational milieu that is concerned with the adolescent's feelings and needs

Commentary

It is suggested that major efforts must be made by the educational system to identify and treat adolescents at risk for the reasons discussed in the following paragraphs.

STANDARDS FOR THE EDUCATIONAL SYSTEM

Due to the compulsory school attendance laws, children are required to attend school until the age of 16 years. This requirement allows the schools and other community social service agencies the time and opportunity to teach alternative patterns of parenting and child rearing.

The number of births to adolescent mothers is steadily increasing. It is predicted that one out of ten teenage girls in the United States will become a mother while of school age ; many will decide to keep their infants.

The problems of adolescence are compounded when an adolescent assumes the role of a parent. During adolescence, the biological, psychological, and cultural growth that occurs is not steady or uniform. The age at which a girl is biologically mature enough for healthy childbearing may vary widely. Studies of adolescent pregnancies reveal general agreement that this age group is also a "high risk" group for several complications of pregnancy and delivery; four to five time higher than women in their 20's. The younger the adolescent, the higher the risk rate. The major complications are toxemia, premature birth, and maternal and infant mortality. Among surviving premature infants, there is a fourfold increase in neurologic defect and retardation. Even more difficult to predict is the estimated age at which an adolescent is psychologically mature enough for healthy childbearing and parenthood. Most teenage parents are not prepared to cope with the day-to-day needs of an infant. Social and economic problems soon supersede the teenage parent's initial excitement about having an infant. When the constant demands of child care become difficult, abuse or neglect of the infant may result.

Finally, it has been suggested that professionals have been reacting to child abuse, rather than taking the iniative. Current programs are designed to "treat" rather than "prevent" child abuse. Therefore, there is a need to develop strategies which will lead to the prevention of child abuse.

STANDARDS FOR THE EDUCATIONAL SYSTEM

STANDARD H-8

ALL SCHOOL PERSONNEL SHOULD KNOW THE INDICATORS OF CHILD ABUSE AND NEGLECT AND THE EFFECT THAT ABUSE AND NEGLECT MAY HAVE ON THE CHILD'S PERFORMANCE AND BEHAVIOR IN SCHOOL

Guidelines

- Recognize the various educational,psychological, and behavioral traits that an abused or neglected child might display
- Recognize that abused and neglected children may require special education programs
- Become knowledgeable about:
    (1) general indicators of child abuse and neglect
    (2) indicators of child abuse and neglect which may be reflected in the child's educational performance, such as: impaired learning; delayed language development; delayed fine and gross motor development; need for special education class placement; emotional or behavioral problems; extensive absenteeism; refusal to attend physical education classes; being tired or falling asleep during class; and fearing to go home
    (3) indicators of abuse or neglect which may be reflected in the child's psychological or behavioral traits, such as: passivity; withdrawal; inhibited verbal or crying responses; hyperactivity; short attention span; seemingly unprovoked aggression; lack of trust; unwillingness to take risks; refusal to acknowledge stimuli; low self-concept; drug or alcohol abuse; and demeaning sexual behavior
- Demonstrate, with sensitivity and flexibility, awareness of the child's educational, psychological, and therapeutic needs
- Utilize resource materials, such as publications, films, and audiovisual programs related to current research and literature on child abuse and neglect, to increase school personnel's knowledge

- Utilize the Community's Multi-disciplinary Case Consultation Team (See Standard H-9) and/or other consultation resources to assist in differentiating behavioral patterns that are a result of problems other than abuse and neglect

STANDARD H-9

THE LOCAL EDUCATION AGENCY SHOULD PARTICIPATE ON THE COMMUNITY'S MULTI-DISCIPLINARY CASE CONSULTATION TEAM

Guidelines

- Include Local Education Agency personnel having:

  (1) experience in educational assessment, educational planning, and management
  (2) knowledge or skills needed for specific cases
  (3) sufficient authority to present the Local Education Agency's policies and procedures

- Clearly define the role(s) of Local Education Agency school personnel serving as Team members

- Assist the Local Unit in working with children and their families to prevent the occurrence or reoccurrence of child abuse and neglect

- Assist in the development of the treatment plan, defining the roles and responsibilities of educational personnel

- Participate in evaluating the services provided to the abused and neglected children and their families (as presented during the team meetings)

- Cross-reference to LOCAL AUTHORITY, p. III-94

STANDARDS FOR THE EDUCATIONAL SYSTEM

Resource Enhancement

STANDARD H-10

THE LOCAL EDUCATION AGENCY SHOULD PROVIDE ANNUAL IN-SERVICE TRAINING FOR ALL SCHOOL PERSONNEL ON IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Identify training audiences, including administrators, teachers, pupil services staff, health staff, classroom aides, school security personnel, and supporting services staff
- Recognize, in developing training programs, the impact of school personnel's behavior on the development of behavior patterns and personality characteristics of children
- Recognize the effects which child abuse and neglect may have upon a child's academic performance, behavior in school, and class placement
- Recognize that child abuse and neglect is multidimensional, extends beyond the immediate effects of the incident itself, and may result in a high incidence of abused and neglected children enrolled in special education classes
- Provide annual pre-service training for all school personnel, and in-service training periodically thereafter
- Designate a specialist in the field of child abuse and neglect to conduct or coordinate the training
- Utilize a multi-disciplinary approach to training
- Utilize and supplement as needed child abuse and neglect training materials for school personnel developed by the State Child Protection Division or other agencies and institutions

STANDARDS FOR THE EDUCATIONAL SYSTEM

- Focus training for school personnel on:
  - (1) the importance of modeling appropriate behaviors; the uses and abuses of behavior modification; personality development, including the importance of developing positive attitudes toward self and others; and handling emotions
  - (2) issues such as educational neglect, forms of discipline used by teachers, and forms of corporal punishment used in schools
  - (3) reporting requirements and procedures defined in State Law
  - (4) the school district's child abuse and neglect policies and procedures
  - (5) the school's role and responsibility, including:
    - (a) school personnel's legal obligation to report suspected child abuse and neglect
    - (b) immunities for school personnel who report
    - (c) penalties for school personnel who fail to report
  - (6) definitions of child abuse and neglect
  - (7) extent of abuse and neglect in the community, the State, and the nation
  - (8) multidimensional problems of abused and neglected children
  - (9) general indicators of child abuse and neglect
  - (10) indicators of child abuse and neglect which may be reflected in educational performance
  - (11) indicators of child abuse and neglect reflected in psychological or behavioral traits
  - (12) other possible causes of the indicators
- Provide resource materials regarding the multidimensional problems of abused and neglected children, and instructional materials directed to those problems
- Provide an annotated bibliography to professional school personnel regarding abused and neglected children and their families
- Evaluate effectiveness of training programs annually

Commentary

In view of legal responsibilities and the potential of schools to aid in the identification and secondary prevention of abuse and neglect, it is important that teachers receive necessary training in child abuse and neglect. There is sufficient evidence to indicate that when teachers have been trained regarding child abuse and neglect, they then become effective participants in the referral process.

STANDARD H-11

THE STATE DEPARTMENT OF EDUCATION AND THE LOCAL EDUCATION AGENCY SHOULD CONDUCT ANNUAL EVALUATIONS OF THEIR CHILD ABUSE AND NEGLECT EFFORTS

Guidelines

- Perform evaluation by education staff who are trained in research and evaluation, with the option to request assistance from the State Department of Social Services, and/or the Local Social Services Agency

- Coordinate evaluation efforts with the State Department of Social Services, and with the periodic evaluation of the Local Social Services Agency

- Evaluate areas such as:

    (1) resources devoted to child abuse and neglect prevention, identification, and treatment
    (2) public awareness programs
    (3) training efforts
    (4) effectiveness of reporting procedures
    (5) treatment services
    (6) confidentiality of child abuse and neglect records
    (7) additional information needed for future efforts

- Submit a report on the evaluation to the State Department of Social Services, the State Child Protection Coordinating Committee, the Local Social Services Agency, and the Community Child Protection Coordinating Council

- Encourage a national analysis of evaluation data gathered by the State Departments of Education

Commentary

The number of people and the length of time required to perform the evaluation will vary among school districts depending on district size, the scope of existing programs, and resources utilized. A well conceived evaluation effort performed by qualified personnel will provide the school district with valuable information useful for planning purposes. Without knowledge of how well the program is operating, changes to improve it cannot be done effectively. An evaluation should be conducted to collect information on the overall efficiency of the child abuse and neglect program and its effect on school personnel, children, families, and community agencies.

STANDARD H-12

THE STATE DEPARTMENT OF EDUCATION AND THE LOCAL EDUCATION AGENCY, IN COOPERATION WITH THE STATE CHILD PROTECTION COORDINATING COMMITTEE AND THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL, SHOULD DEVELOP, IMPLEMENT, AND SUPPORT PUBLIC AND PROFESSIONAL EDUCATION PROGRAMS ON CHILD ABUSE AND NEGLECT

Guidelines

- Identify target audiences
- Identify key information to be presented
- Develop public and professional education materials on the following:
    (1) the nature and extent of child abuse and neglect in the community, the State, and the nation
    (2) reporting requirements and procedures in State Law
    (3) the school's role and responsibility
    (4) the availability of emergency and regular support and treatment services
    (5) necessity of coordinating services
- Utilize visual and printed media to disseminate information to parents and the general public on the schools' reporting policies and procedures

STANDARDS FOR THE EDUCATIONAL SYSTEM

- Conduct neighborhood meetings to make presentations on the schools' responsibility in preventing, reporting, and treating child abuse and neglect
- Evaluate or participate in evaluating effectiveness of the public awareness program annually
- Encourage institutions of higher education to provide undergraduate and graduate courses or seminars on the prevention, identification, and treatment of child abuse and neglect
- Encourage Certification Boards of various professions to consider training in child abuse and neglect as a requirement for certification

SECTION I: STANDARDS FOR COURTS AND THE JUDICIAL SYSTEM

To clarify for persons outside of the judicial system, the following concepts and terms are addressed prior to presentation of the Standards: (1) the offices and persons who work within the judicial system; (2) the purposes and functions of criminal versus juvenile and family courts with respect to child abuse and neglect cases; (3) terms frequently used in child protection proceedings; and (4) the role of courts and the judicial system in child abuse and neglect prevention and treatment efforts.

Judicial System Personnel

The judicial system may be composed of some or all of the following:

The judiciary (in some instances referred to as "the court") includes judges, referees, and, in some jurisdictions, magistrates. These individuals are usually (but not always) attorneys and they are often assigned to preside over different types of hearings (e.g., juvenile delinquency, criminal, child protection) on a rotating basis.

Intake workers are screening staff who often have sociology or educational backgrounds. They are most often employed in juvenile justice courts in the larger urban jurisdictions. In areas that do not have an intake service, the probation unit, or the offices of either a judge or county attorney may perform screening functions.

Probation counselors supervise adherence to court orders and generally have sociology or juvenile justice educational backgrounds.

Attorneys may be: (1) private practitioners who are retained or appointed to represent the parents or child; (2) child protective services staff attorneys who represent the Local Social Service Agency as staff counsel; (3) corporate (or corporation) counsel (civil lawyer for a county), who may, in urban jurisdictions, have a specialized family or juvenile court assignment; (4) legal aid attorneys; and (5) prosecuting attorneys (or district attorneys) who have a criminal law orientation but who may, if assigned to juvenile court, also handle prosecutions for child abuse and neglect and juvenile delinquency. Assignment for extended lengths of time to a specific court or type of hearing is rare outside urban areas.

Guardians ad litem are appointed by a judge on a case-by-case basis to represent the child's rights, welfare, interests and well-being. The guardian ad litem does not have to be an attorney, but in most cases, the child's attorney will also serve as the child's guardian ad litem.

Clerks of the court, court administrators, bailiffs, and justices of the peace also work within the judicial system but generally have only incidental involvement with child abuse and neglect cases.

Comparisons Between Criminal and Juvenile and Family Courts

The decision to commence a court proceeding, for child abuse and neglect cases as well as for others, is based on two interrelated considerations: (1) the legal sufficiency of the evidence; and (2) the necessity for court action to bring about changes not otherwise possible.

Criminal Courts. Child abuse is against the law in all States and may be punished as a crime, whether it be prosecuted under a statute pertaining specifically to child abuse and neglect or under general criminal statutes against assault, battery, murder, rape, and other felonies or misdemeanors. Although at times criminal prosecution may be both necessary and appropriate, at other times it may be neither possible nor desirable. Criminal intent (essential to proving a charge) does not often exist in child abuse and neglect cases. In addition, the purpose of a criminal prosecution of a child abuse and neglect charge is to punish the perpetrator, and only incidentally to help rehabilitate the family. It is difficult to sustain the burden of proof "beyond a reasonable doubt" required in a criminal trial. Furthermore, if parents are acquitted because of insufficient evidence, they may regard the acquittal as approval of their parenting behavior.

Juvenile and Family Courts. Civil courts, with respect to child abuse and neglect proceedings, may fall into either of two categories: juvenile courts or family courts. The significant difference between the two is that family courts generally have broader powers and may, for example, hear cases on divorce, child custody, and support determinations. When child abuse and neglect cases are heard in a juvenile or family court, they may be referred to as child protection proceedings. However, whether they are called "child abuse," "child neglect," or "dependency" proceedings, their purpose is to protect children from further injury or maltreatment.

If court action is necessary, child protection proceedings are preferable to criminal prosecution for several reasons. In child protection proceedings, the court is concerned with the welfare of the entire family, not just with punishing the offending parent. In most situations, the remedial powers of a juvenile or family court can be more effective than the punitive approach of the criminal court in preventing further abuse and neglect, and can protect children by requiring that the parents utilize treatment and social services. When necessary, these courts can remove endangered children from their parents and provide for their long-range needs, including termination of parental rights, and adoption.

The Juvenile or Family Court Process

Child protection proceedings are formally initiated by the filing of a petition. This is comparable to the filing of a complaint in criminal court.

Due process of law requires that the parents or other persons responsible for the child's welfare be informed in writing and in easily understood language of the reason for the court's intervention, and of the relief sought. In practice, the tone of the petition should be factual and non-accusatory.

Prior to any hearing, a pretrial conference involving the judge and counsel for all parties may be held. The purpose of a pretrial conference is to examine the issues in controversy and establish which reports and evidence will be disclosed. Such disclosures, which could not occur in an open adversary hearing, allow the court and attorneys to evaluate all evidence without subjecting the parties involved to the trauma of an adversary trial. Under certain circumstances, e.g., if all parties can reach agreement as to the disposition of the case at this stage, the conference may result in a stipulated or consent decree.

Where a case cannot be settled in a pretrial conference, the next step in a child protection proceeding is the adjudicatory hearing. This is the adversary or "trial" stage of the proceedings. It is a fact-finding hearing in which the charges of abuse and neglect are alleged and argued. At its conclusion, the judge (or jury) will determine whether the allegations have been proved sufficiently.

Following adjudication, a dispositional hearing is held. It is at this point that the judge, after receiving recommendations from child protective services workers or other professionals involved in the case, will establish what is needed to ensure the child's protection. The dispositional order may require a range of treatment or social services for the family as well as the child or, in more serious instances, placement of the child outside his home. Post-dispositional reviews and hearings may be held at designated intervals to oversee the progress the parents and family are making in complying with the dispositional order.

Positive Role of the Judicial System

The following Standards for Courts and the Judicial System primarily address the ways in which the judicial system can assume a positive role in child protective court proceedings. However, judges, attorneys, and other court personnel have contact not only with child abuse and neglect cases, but also with other types of cases that affect the well-being of children; e.g., child custody decisions, child support payments, and the establishment of visitation rights. By strengthening staff training and referral linkages, and by improving coordination with other community service systems (as suggested in the Standards, for example), it is hoped that the judicial system will expand upon its child abuse and neglect prevention and treatment efforts, including the needs of all children and families that come to its attention.

Administration, Management, and Procedures

STANDARD I-1

TO DIVERT THE NEED FOR COURT ACTION, THE JUDICIAL SYSTEM SHOULD REFER REPORTS OF CHILD ABUSE AND NEGLECT TO THE LOCAL CHILD PROTECTIVE SERVICES UNIT FOR ASSESSMENT AND POSSIBLE NON-COURT HANDLING

Guidelines

- Review, upon receipt, any reports of child abuse and neglect made directly to the court. This function should be performed by the juvenile court's intake workers, by the probation staff, or by the county attorney, taking the following into account:

(1) the nature of the report
(2) information needed by the Local Child Protective Services Unit to act on the report
(3) other alternatives already explored by the reporter to remedy the situation

- Recommend that the person or agency concerned with incident or suspected child abuse or neglect cooperate with the Local Child Protective Services Unit

- Refer the report immediately to the Local Child Protective Services Unit for its assessment of the child's situation

- Determine, with the Local Child Protective Services Unit, those child abuse and neglect reports which may warrant court action

STANDARD I-2

THE JUDICIAL SYSTEM SHOULD ENSURE THAT CHILD PROTECTIVE COURT PROCEEDINGS ARE INITIATED ONLY WHEN NECESSARY TO PROTECT THE CHILD'S HEALTH OR SAFETY

Guidelines

- Designate a special attorney or staff of attorneys to review and file petitions requiring court action:

  (1) the special attorney or juvenile court's intake worker may request additional assessment of the child's situation or refuse to file a petition
  (2) a person who desires to file a petition with the court when the attorney or juvenile court's intake worker has refused to do so may appeal the attorney's decision to the judge

- Act immediately upon petitions when:

  (1) the child has been abandoned
  (2) protective custody has been exercised (Cross-reference to Standard I-3, p. III-181)
  (3) emergency services are needed

- Act promptly on petitions initiated by the Local Child Protective Services Unit when:
  - (1) the court's authority is necessary to assist the Local Unit in making a plan for the child and his family such as:
    - (a) when court-ordered protective supervision of the child and his family is needed to reinforce the Local Unit's authority for intervening into the family's life
    - (b) when the court is needed to assist the Local Unit in fulfilling its treatment plan for the child and/or for any other family member
  - (2) the child is in need of placement outside of his home

- Initiate criminal prosecution of a person alleged to have abused or neglected a child only in very grave situations, e.g., death of child, sexual molestation of child

Commentary

This Standard makes two recommendations to improve the quality of petitions and the presentation of evidence when court proceedings are necessary. First, the review by a special attorney increases the likelihood that only those cases necessary to protect a child's health or safety will be litigated. The proposed special attorney is similar in several respects to a district attorney; the latter however, investigates and prosecutes criminal cases. The special attorney has responsibility to prepare the petition, may prosecute the adjudicatory hearing, and suggest dispositional alternatives. Although new court staff could be established for these purposes, a State legislature or court may prefer to designate a county attorney or other existing authority who is independent of the court.

STANDARD I-3

A JUDGE SHOULD ORDER THAT A CHILD BE PLACED IN TEMPORARY PROTECTIVE CUSTODY IF THERE IS REASON TO BELIEVE THAT IMMINENT DANGER TO THE CHILD'S HEALTH OR SAFETY EXISTS AND THERE ARE NO OTHER, LESS DRASTIC, MEANS TO PROTECT THE CHILD

Guidelines

- Cross-reference to STATE LAW, Standard A-6, p. III-16
- Grant an application for a court order to place the child in temporary protective custody at any time prior or subsequent to the filing of a petition, without the parents' consent, if there is reason to believe that there exists an imminent danger to the child's health or safety. Application may be made by:

  (1) the judge on his own initiative
  (2) any party or agency involved in the proceedings
- Award temporary custody of the child to the Local Social Services Agency to enable its placement of the child in a licensed foster home, group home, or emergency shelter (some situations may warrant continued or new placement of the child in a hospital or in the home of a relative)
- Serve the parents immediately with the court order authorizing protective custody; notice of the date, time, and place of the court hearing; and the person to be contacted regarding the child's location
- Order the Local Child Protective Services Unit to immediately assess the child's situation to determine if the child can be reunited with his family, and by the next regular session of the court to either:

  (1) commence a protective proceeding; or
  (2) recommend that one not be commenced
- Review all temporary protective custody decisions at the next session of the juvenile court
- Require that the parents be present in court, if there is adequate time for them to receive notice and their presence will not jeopardize the child's health or safety

- Advise the parents of their right to legal counsel, and, if appropriate, the right to be assigned counsel by the court

STANDARD I-4

JUDGES, ATTORNEYS, AND THE COURTS SHOULD ENSURE THAT CHILD PROTECTIVE PROCEEDINGS ARE GOVERNED BY STATUTES AND COURT RULES ESTABLISHING FAIR PROCEDURES

Guidelines

- Ensure that court rules are consistent with general rules of civil procedure, when appropriate
- Verify the petition (verification is a statement under oath by the person who signs the petition to the effect that he knows facts which support the petition), and require that it be specific enough to inform the persons alleged to have abused or neglected the child of:

  (1) the specific conduct or omissions upon which the action is based
  (2) the alleged harm that the child is suffering
  (3) the time and place the person identified in the petition is to appear in court
- Serve process (legal summons and notice of charges) on the persons alleged to have abused or neglected the child, with service of process to take the following form: use personal service, with substitute service, mail, or publication used only when reasonable efforts to effect personal service have failed
- Proceed only upon a showing that a good faith effort was made to locate the persons alleged to have abused or neglected the child
- Assign, whenever possible, a single judge at the time of filing the petition to determine all issues from preliminary motions through post-dispositional procedures

- Allow the child to be present during the adjudicatory or dispositional hearing only when the child's attorney, guardian ad litem, and the court agree that the child's presence would not cause him harm -- taking into account the child's age, psychological status, and the particular circumstances of the case

- Prepare a verbatim record of all court hearings by means of a court reporter or electronic technique capable of providing a full transcript

- Preserve the confidentiality of all child protective court proceedings by following the same guidelines established in STATE LAW (Cross-reference to STATE LAW, Standard A-4 , p. III-12)

STANDARD I-5

JUDGES, ATTORNEYS, AND THE COURTS SHOULD ENSURE THAT FAIR EVIDENTIARY STANDARDS ARE APPLIED TO PRELIMINARY AND ADJUDICATORY CHILD PROTECTIVE HEARINGS AND THAT ADJUDICATORY HEARINGS ARE COMPLETED WITHIN 60 DAYS

Guidelines

- Complete the adjudicatory hearing within 30 days whenever a child has been placed in protective custody, provided that in exceptional circumstances, upon motion and hearing, the court may extend this time period for good cause shown and so state this on the record

- Devote the preliminary or adjudicatory hearing solely to the determination of whether or not the child's health and/or safety is in danger, unless the parents admit to abuse or neglect (Cross-reference to Standard I-6)

- Require that the injuries (of such a nature as would not ordinarily exist except by reason of the acts or omissions of the person alleged to have abused or neglected the child) constitute prima facie evidence

STANDARDS FOR COURTS AND THE JUDICIAL SYSTEM

- Require a preponderance of the evidence to substantiate a finding of abuse or neglect
- Admit proof of previous abuse or neglect of the same child to prove current charges of abuse or neglect
- Provide that previous statements made by the child relating to his abuse or neglect can be admitted as evidence
- Admit proof of previous or current abuse or neglect to the child's siblings
- Admit as evidence any photograph or X ray relating to the child made by a hospital or public or private agency, and any records that are legally admissable as evidence
- Permit the child to be a witness when he is found competent to testify by the court; however, the judge may bar his testimony for good cause
- Provide that the court may, in the exercise of its discretion, limit the nature or duration of examination or cross-examination of the child
- Grant that the attorneys for the parents and the child have the right to confront and cross-examine witnesses and to present evidence
- Abrogate privileges attached to confidential communications between husband and wife and any professional person and his client, except privileges between attorney and client

STANDARD I-6

JUDGES, ATTORNEYS, AND THE COURTS SHOULD ENSURE THAT THE CHILD PROTECTIVE DISPOSITIONAL HEARING IS COMPLETED WITHIN 60 DAYS

Guidelines

- Provide that dispositional findings be based on material and relevant evidence
- Require that a report, which is to be prepared by the special attorney, the court's intake worker or the Local Unit's child protective services worker assigned to the case, be sent to the judge three days prior to the dispositional hearing
- Make available to the attorneys for all parties all reports submitted to the court for inclusion in the dispositional hearing, subject to deletions after *in camera* study reveals that disclosure of the information is likely to be harmful to confidential sources or the subject of the report
- Admit all material and relevant evidence, including the statements of those who have direct knowledge at the dispositional hearing
- Grant the attorneys for all parties the right to present evidence and to confront and cross-examine witnesses
- Consider the need for ordering continued protective services, and/or psychological examinations and evaluations, during the pendency of an action
- Base a disposition on the evidence presented during the formal hearing
- Provide that specific written findings of fact upon which the dispositional order is based be made a part of the record

STANDARD I-7

JUDGES, ATTORNEYS, GUARDIANS AD LITEM, AND THE COURTS SHOULD ENSURE THAT THE DISPOSITIONAL ORDER CONTAINS THE LEAST RESTRICTIVE PROVISIONS CONSISTENT WITH THE BEST INTERESTS OF THE CHILD, AND THAT THE ORDER IS REVIEWED AUTOMATICALLY FOR MODIFICATION OR ENFORCEMENT

Guidelines

- Require that treatment services be provided for the family so that the child can remain in his own home or be returned home soon

- Require that when placement is consistent with the child's best interests, that the least restrictive placement options be considered first for the child such as:

  (1) a foster family home
  (2) a group home
  (3) the home of a relative

- Determine whether the placement proposed for the child is the best alternative, making the decision after a comprehensive professional assessment is performed by the child-placing agency; and taking the following into account:

  (1) the child's personality and development needs, as determined through interviews and appropriate psychometric and other tests
  (2) the child's family relationships, the family's current situation, and information regarding the child's siblings
  (3) placement alternatives with consideration for the child's unique capacities, needs, interests, and rights, while also providing a setting that approximates a positive home life and is located near the child's family

- Mandate, when the court orders placement of the child, that:

  (1) the child and his parents be included in the development of the placement plan and decisions concerning the child as fully as possible

(2) an individualized treatment plan be developed for the child and the family
(3) the child's treatment plan be coordinated, to the extent feasible, with the parents' treatment plan so that the overall needs and timing of treatment can be regularly reviewed and assessed
(4) treatment services be provided for the family to aid in reuniting the family
(5) specific short- and long-term goals and steps in reaching those goals be included in the treatment plan
(6) subsequent review reports which address the child's: physical, emotional, educational, and recreational needs; social skills; and the family's involvement in treatment be presented to the court

- Require and oversee a review of the child's placement every 12 months, using the following criteria:

  (1) unless substantial progress is made within 12 months toward adjustments which would facilitate the return of the child to his family, termination of parental rights and adoption, or a permanent foster home, should be considered in the best interests of the child

  (2) the child should be protected against temporary foster placement which extends beyond 18 months, and from placement in a succession of different foster homes

- Require, when a formal court hearing is held regarding review of a child's placement, that:

  (1) a formal record of such hearing be made
  (2) all parties receive notice of the time, location, and nature of such hearing
  (3) all parties be informed of their right to counsel
  (4) all parties may present evidence in conformance with standard rules of civil procedure
  (5) all parties be notified of decisions made as a result of such hearings, and receive a copy of the final court order

- Commence a court proceeding to enforce a dispositional order whenever there is a substantial violation of the treatment plan by the parent or other person or agency responsible for the care of the child; either the court or any other interested party may cause such proceeding to be commenced

Commentary

Dispositional orders should take into account the need for treatment for the entire family as well as for the child. Families in which a child has been abused or neglected require support and treatment if the goal of preserving the family is to be reached. Counseling, homemaker services, family planning advice, job opportunities, or training in parenting skills represent some of the support and treatment services that may be required. Even if the final disposition directs removal of the child from his home, the order should also contemplate some form of continuing therapeutic or practical help for the family, with the ultimate goal being, if at all possible, to reunite the family.

The 12-month review of children in court-ordered placements should be accomplished by judicial review. Such review may result in a recommendation that adoption or permanent foster care for the child be pursued, i.e., when no progress is being made toward returning the child to his own home. Permanent foster care is not to be used in lieu of adoption. However, it may be the more appropriate alternative for some children (e.g., the child who has a strong emotional attachment to his foster family, but the foster family is unable to adopt him due to financial or other reasons; the child who has his identity firmly established with his natural family, such as the adolescent). Permanent foster care in these situations means a permanent plan with a foster family that is willing to care for the child on a permanent basis; it does not mean that the child is to experience a series of foster homes.

STANDARD I-8

JUDICIAL SYSTEM PERSONNEL SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE AND ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross reference to STATE AUTHORITY and LOCAL AUTHORITY, pp. III-45 and III-86
- Appoint representatives from the judicial system

(including judges, attorneys, intake workers, and probation counselors) who are experienced in child protective court proceedings

- Promote coordinated planning and implementation of State and community child abuse and neglect prevention, identification, and treatment efforts by:

  (1) developing case referral criteria
  (2) developing referral mechanisms
  (3) developing a cooperative scheduling system as to the time child protective proceedings will be held (e.g., with physicians and the Local Unit)
  (4) planning programs, developing needed resources, and conducting evaluations
  (5) advocating for children and families
  (6) promoting public awareness
  (7) supporting professional training and education

- Participate in training and public awareness programs with other professionals, service systems, and consumers, to provide information on:

  (1) the State Law
  (2) legal and operational definitions of child abuse and neglect
  (3) legal rights and responsibilities
  (4) court procedures followed by the judicial system (to aid persons from different disciplines who may become involved in child protective court proceedings)
  (5) the use of expert testimony and qualifications for expert witnesses
  (6) the role of the judicial system in the prevention and treatment of child abuse and neglect

- Determine with the Community Child Protection Coordinating Council the role of judicial system personnel on the Multidisciplinary Case Consultation Team (Cross-reference to LOCAL AUTHORITY, p. III-94)

- Contribute to the Annual State Plan on Services for Children and Families; Annual Report on Child Abuse and Neglect Prevention and Treatment; and Local Plan of Action

STANDARDS FOR COURTS AND THE JUDICIAL SYSTEM

Commentary

Participation on the State Committee and the Community Council are means by which the judicial system can augment its role in child abuse and neglect prevention and treatment efforts. The judicial system has daily contact with cases which are prosecuted as well as with charges of abuse and neglect which are brought to court and then referred elsewhere. At the dispositional and post-dispositional stages of the court process, judicial system personnel are closely involved with all aspects of treatment and rehabilitation for the child and his family, i.e., decisions concerning the advisability of placement, social services for the family, and treatment resources. The judicial system's role in preventing a recurrence of child abuse and neglect also makes its active participation on the State Committee and the Community Council vital to coordinated efforts among all professions to prevent, idenitfy and treat child abuse and neglect.

Prevention and Treatment

STANDARD I-9

JUDICIAL SYSTEM PERSONNEL SHOULD ESTABLISH PROCEDURES TO IDENTIFY "HIGH RISK" CHILDREN AND FAMILIES WHO COME TO THEIR ATTENTION AND REFER THEM TO THE LOCAL CHILD PROTECTIVE SERVICES UNIT OR TO OTHER APPROPRIATE SERVICE PROVIDERS

Guidelines

- Recognize that the primary responsibilities of the judicial system are to:
    (1) ensure that the rights of the individuals who come before it are protected
    (2) safeguard the welfare of the child
- Recognize that the judicial system has a responsibility to identify "high risk" children and families in the following instances, even though a legal petition has not been filed alleging that the child's health or safety is in danger:
    (1) in custody decisions, visitation provisions in divorce decrees, support orders, or any other

judicial determination in which a child is affected by a provision involving his parents

(2) in judicial proceedings which involve a child, such as actions for delinquency, drug or alcohol abuse, or a child in need of supervision

- Be informed about the following aspects of identifying and reporting child abuse and neglect:

  (1) possible indicators of child abuse and neglect
  (2) responsibility for reporting under State Law
  (3) local and/or State reporting procedures
  (4) immunity for good-faith reporting
  (5) consequences for failure to report (legal and/or disciplinary action against the judicial system employee)
  (6) basis for a report (reasonable cause to suspect; does not require proof that the child has been abused or neglected, or that the child is conclusively in need of protection)

- Refer situations that warrant child protective services intervention to the Local Child Protective Services Unit

- Refer children and families who require other forms of help to the appropriate service provider, e.g. mental health clinic

- Follow up within two weeks of referral to be sure that services are being provided

Resource Enhancement

STANDARD I-10

JUDICIAL SYSTEM PERSONNEL SHOULD RECEIVE TRAINING TO INCREASE THEIR UNDERSTANDING AND KNOWLEDGE OF JUDICIAL RESPONSES TO CHILD ABUSE AND NEGLECT

Guidelines

- Develop procedures to ensure that judicial system personnel at all levels receive training in the dynamics of child abuse and neglect

- Relate training to the specific needs of particular categories of judicial system personnel
- Focus training for judges, attorneys, prosecutors, and guardians ad litem on the following:
  (1) their role in prevention
  (2) causes and manifestations of child abuse and neglect, including social and family dynamics
  (3) when it is appropriate to order or request psychological evaluations, temporary psychiatric commitments, protective custody, or counseling services
  (4) how to evaluate psychological, probation, medical diagnostic reports, and expert testimony
  (5) awareness that if the factors which produced the abuse and neglect are ignored at disposition, further maltreatment of the child may occur
  (6) the range of alternative dispositions, including services and facilities available for treatment, with emphasis on those available within the community
  (7) the role of the parents' attorney in interpreting the court and its processes to the parents, and in assisting them in accepting and cooperating with the dispositional order
- Focus training for court intake workers and probation counselors on the following:
  (1) causes and manifestations of child abuse and neglect, including family and social dynamics
  (2) interviewing and counseling techniques
  (3) the process for referring a report of abuse or neglect to the Local Child Protective Services Unit
  (4) factors to consider in initiating court action such as:
    (a) the child's age and the degree of harm or threatened harm
    (b) the family's previous court record or previous involvement with the Local Child Protective Services Unit
    (c) the child's or sibling's previous involvement in protective proceedings
    (d) the family's willingness to cooperate

(5) the responsibility to provide advice to parents, child, and reporter(s) on their legal rights and responsibilities in court proceedings, if attempts at preliminary adjustment are unsuccessful, including:
  (a) the right to counsel
  (b) the duty to appear when summoned
(6) knowledge of availability, quality, and appropriateness of treatment services and facilities
(7) understanding of the judicial system and legal processes; and the responsibility to review the court's jurisdiction over the proposed petition

- Utilize the following mechanisms to train judicial personnel, as appropriate:

(1) law school curricula; graduate and undergraduate courses
(2) continuing education programs
(3) seminars and workshops sponsored by bar or professional associations
(4) formal and informal training provided by other judicial system personnel who have expertise in child protective cases, including examples of other jurisdictions' model programs
(5) annotated bibliographies on child abuse and neglect
(6) training sponsored by other agencies, professions, or multi-disciplinary groups

STANDARD I-11

JUDICIAL SYSTEM PERSONNEL SHOULD CONDUCT AN ANNUAL EVALUATION OF THEIR CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT EFFORTS

Guidelines

- Perform evaluation by using judicial system personnel and/or consultants trained in research and evaluation

- Obtain assistance from the State Department of Social Services and/or the Local Child Protective Services Unit and coordinate evaluation efforts

STANDARDS FOR COURTS AND THE JUDICIAL SYSTEM

- Evaluate areas such as intake and screening, referral, referral follow-up efforts, children's placements in foster homes or institutions, training and education efforts, interagency coordination, and advocacy efforts
- Forward findings to the State Child Protection Coordinating Committee, the Independent State Agency, the Community Child Protection Coordinating Council, the State Bar, bar associations, and policy makers
- Support research on the causes, prevention, identification, and treatment of child abuse and neglect

SECTION J: STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

The Standards in this Section (as discussed in Chapter II and in STATE LAW) have been developed on the premise that the State Department of Social Services, through an administratively distinct and readily identifiable State Child Protection Division and through Local Child Protective Services Units, should have the primary responsibility for preventing and treating child abuse and neglect. It is recognized that in some jurisdictions the local law enforcement agency is currently mandated to receive reports of suspected child abuse and neglect and to make the initial investigations in regard to the validity of such reports. For such jurisdictions, the user of the Standards in this Section should also review the Standards on State and Local Authority to determine the additional roles and responsibilities that should be assumed by the law enforcement system.

Regardless of the legal mandate regarding receipt of reports, the police have a unique and vital role in preventing and identifying child abuse and neglect. The patrol officer comes into direct and frequent contact with parents and children in the community. And, since approximately one-third of all homicides are domestically related, police are in the unusual position of being able to prevent and identify child abuse and neglect in the home environment. The law enforcement community has dedicated considerable resources in the last several years for developing the contemporary discipline titled crime prevention. It is in this context of crime prevention that the demands inherent in preventing child abuse and neglect can best be assessed. Similar goals exist for the two functions: coordination with other agencies and institutions, enhancement of resources, and responsiveness to the needs of families and children. Law enforcement has proved that community involvement and citizen participation are effective in preventing crimes against property and persons. The major objective of the Standards in this Section is to encourage and facilitate the development by the law enforcement profession of a service and pre-crisis orientation toward preventing child abuse and neglect.

As a system, law enforcement encompasses the total spectrum of Federal, State, and local jurisdictions in a complex array of organizational and administrative patterns. The various Federal enforcement units, while operating within States, have tended to refrain from any official contact with enforcement problems that do not possess definite overtones of Federal jurisdiction. Thus, the Standards in this Section are primarily for law enforcement systems on the State and local levels.

STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

State level enforcement has tended to concentrate on three general functions. The first function, assumed by either highway patrol or State police units, has been to enforce traffic laws and regulations. However, criminal investigative sub-units also exist in many of the State police forces. Although these sub-units are not currently involved in child protective services, the skills and capabilities possessed by staff in these sub-units are potentially useful for identifying child abuse and neglect, particularly in rural areas, and as a supplement to local child protective services efforts. Such an expansion of skills of the criminal investigative sub-units would not require as many alterations as would be necessary in order for the highway patrol to assume these responsibilities.

The second major State function involves records and information systems which are capable of operating in a supportive capacity to any child protection service within the State. The only prohibitions at present are legislative rather than functional.

State-operated crime laboratories, the third general State function, are currently providing services to local law enforcement units. They are directing their efforts primarily toward the examination of physical evidence related to sexual abuse and child homicides.

In addition, there are numerous precedents in which the office of the State Attorney General has provided specific State level enforcement operations, such as special investigation units in the areas of consumer fraud protection and drug enforcement. States also may wish to consider the establishment of a special investigation unit (as the Independent State Agency) to intervene in cases of institutional abuse and neglect.

Local law enforcement involves agencies at the county, township, and municipal levels, and is the primary focal point for law enforcement activities which affect the daily lives of the majority of citizens. Local law enforcement tends to be more general than either the State or Federal efforts, and in some local departments, may encompass the full range of possible police involvement, i.e., criminal investigation, crisis intervention, traffic control, and arrest and apprehension. Extensive differences exist in the size of local agencies, and these differences can significantly affect the individual agency's capability to expand its services. However, smaller police agencies, which often provide the only police protection to a large number of people residing outside greater metropolitan areas, are undertaking new areas of service in non-traditional ways. Other local law enforcement structures include the various sheriff's units which operate at the county level in both rural and urban areas. The sheriff is an elected official and, thus, operates within a political climate. Therefore, efforts that might be devoted by sheriffs to the prevention and identification of child abuse and neglect will be influenced by political and/or public relations issues as well as by the significance of their designated law enforcement responsibilities.

STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

Most police agencies are organized in a line-staff pyramid model with a semi-military character. Managerial concepts such as chain of command and span of control are frequently articulated and reflected in organizational charts and departmental manuals. This has a major impact on law enforcement's participation on the Community Child Protection Coordinating Council and on the Multidisciplinary Case Consultation Team. The officer representing the police department (as with the representatives from the other service systems) must have the necessary position in the organizational structure to make decisions that commit the department or its resources to a given aspect of child protective services.

Individuals who work with a police department also need to understand the implications of its organizational structure -- police departments usually have an operational component and an administrative component. The operational component consists of patrol services, traffic services, a criminal investigative unit (if the department is large enough to warrant one) coupled with one or more specialized operational groups that remain smaller in size than the direct operation functions. Juvenile operations may be located within the investigative unit or may be a separate entity within operations. Administrative segments usually refer to those functions necessary to provide auxiliary services to support the operational line functions.

Both the police and others also must be aware of the differences between traditional criminal investigations utilized for general violations of the law as contrasted with investigations for child protective purposes. While many of the skills and techniques that the police utilize are the same in either instance, the scope of the investigation in matters of child abuse and neglect is much broader -- it is aimed at the protection of the child. Court adjudication, if necessary in a case of child abuse or neglect, ordinarily should take place in the juvenile court. As a consequence, adult criminal prosecution is not an intended outcome when initiating an investigation of child abuse or neglect, and during the course of such investigation (either independently or jointly with the Local Child Protective Services Unit) the scope is not limited only to matters that are admissible in a criminal prosecution. The police should seek to gain as many facts as possible relating to background, circumstances, and the totality of the setting in which the child has been endangered or victimized. The resulting information can help all involved service systems to make informed decisions about what is needed to help the child and his family.

Prevention and identification of child abuse and neglect on a multi-disciplinary basis represents a new responsibility and focus for many of the various State and local police systems that exist throughout the nation. The following Standards are intended to suggest alternatives for police involvement, to delineate areas that need to be considered by police and by others, and to present some of the problems that exist which impede full law enforcement participation.

Administration and Management

STANDARD J-1

THE LAW ENFORCEMENT AGENCY SHOULD DEVELOP POLICIES, PROCEDURES, AND ORGANIZATIONAL MODELS THAT FACILITATE DECISION MAKING IN CASES OF SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Recognize that many existing policies and procedures regarding crime prevention, crisis intervention, investigations, and/or community service can be expanded to include child protection efforts

- Review existing policies and procedures to determine their applicability to child protection efforts, such as policies and procedures on:

  (1) the responsibilities of detectives and patrol officers
  (2) maintenance of records
  (3) confidentiality
  (4) dissemination of information
  (5) relationships with community services

- Expand, or develop new policies and procedures regarding child protection efforts that become part of the official procedures that address:

  (1) specific agency goals and objectives in relation to the problem of child abuse and neglect
  (2) family crisis intervention strategies
  (3) referrals of families in need of special services (i.e., non-abuse and neglect cases)

(4) investigation of suspected child abuse and neglect cases, particularly in cases of serious abuse, sexual abuse, and death
(5) protective custody authority (Cross-reference to STATE LAW, Standard A-6, p. III-16)
(6) the taking of photographs of an abused and/or neglected child's injuries
(7) initiation of criminal court action, when necessitated by the nature of the child abuse or neglect incident
(8) interagency agreements with the Local Child Protective Services Unit on the exchange of information, reports and referrals, and on joint intervention practices

- Recognize that all law enforcement personnel need to have an overview of child abuse and neglect policies and procedures, but that the community's child protection needs can be met best by unit or officer specification

- Consider the following organizational models and/or specialized staff appointments to meet the community's child protection needs:

  (1) the establishment of a unit of non-uniformed officers who specialize in the investigation of child abuse and neglect cases
  (2) the designation of officers within the juvenile or youth services to specialize in and to investigate cases of suspected child abuse and neglect
  (3) the appointment of a full-time child abuse and neglect crisis intervention specialist whose duties include representing the law enforcement agency as the community liaison in the prevention and treatment of child abuse and neglect
  (4) the appointment of a police family service specialist who assists the various law enforcement agencies in a particular region or county with their child abuse and neglect activities. (This alternative is particularly adaptable to existing State police units.)

Commentary

Specific law enforcement policies and procedures are needed to reinforce the police department's commitment to the problem of child abuse and neglect and to make that commitment official. Equally important is that the patrol officer needs guidelines that can assist him when he is called to intervene in parent-child or other types of domestic conflicts. Guidelines are particularly crucial for situations that might warrant a child's removal from his home, i.e., taking the child into protective custody.

Removal of a child from his own home must be in accordance with relevant State law(s). Such intervention in situations of suspected child absue and neglect should be the result of careful consideration of several factors, including the degree of subsequent risk to the child if left in the environment. However, the removal of a child when unwarranted may be as damaging as the failure to remove a child where it is obviously necessary. Thus, if police officers in the field are expected to make such decisions, they must have policies and procedures that address these underlying issues, and have specialized staff to call upon to assist them.

The facts uncovered during the course of the management of a case during its initial stages of investigation may determine the need for court action. This is dependent upon the existence (or non-existence) of evidence needed to support allegations in court. Even when the evidence supports the possibility of court action, the best interests of the child and the potential for long-range family rehabilitation through referral to treatment resources should be weighed. The officer should be provided with guidelines in the form of policies and procedures that will assist him in making these decisions, or with guidelines that state who in the department is responsible for making such decisions.

Most police agencies already have a "diversion" process for juveniles which results in a decision either to refer the juvenile to a treatment resource or to initiate court action. Officers who have experience functioning in the general juvenile enforcement speciality could, therefore, be of great assistance in designing policies and procedures addressing these aspects of child abuse and neglect case management.

Further, ranking administrative, supervisory, and specialized personnel who have experience and/or expertise in child abuse and neglect intervention efforts should be integrated by policy and procedure into the department's planning to assure their availability for decision-making purposes, in-service training, and consultation. The contribution and support of these ranking officers will tend to instill a sense of importance in the street line officers regarding the task undertaken.

STANDARD J-2

THE LAW ENFORCEMENT AGENCY SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE AND ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross-reference to STATE AUTHORITY, Standard D-1 , p. III-45 and LOCAL AUTHORITY, Standard E-5 , p. III-86
- Determine representatives and their responsibilities as follows:
  (1) a representative for the State Committee is to be selected from a police organization, such as the Juvenile Officers' Association, Crime Prevention Officers' Association or Policy-Community Relations Officers Association or from one of the major and influential local departments
  (2) a representative for the Community Council is to be selected by the local Chief of Police
  (3) representatives are to have sufficient authority and working experience within the organization or agency to represent its concerns and interpret its policies and goals fully
  (4) representatives (or their alternates) are responsible for attending all meetings
  (5) representatives are responsible for making available copies of minutes and materials to their respective organization or agency
  (6) representatives are responsible for sending written reports to appropriate State or local level personnel which detail specific actions taken and directions proposed at meetings, and soliciting comments and suggestions for presentation at future meetings
- Provide feedback to law enforcement agencies and professional organizations of the activities of the State Committee and the Community Council by articles in newsletters, journals, and via reports delivered at State-wide professional law enforcement organizations
- Participate in coordinated planning and implementation of State and community child abuse and neglect prevention, identification,and treatment efforts
- Provide input into Annual State Plan on Services to Children and Families, Annual Report on Child Abuse and Neglect Prevention and Treatment, and the Local Plan of Action

Commentary

In the past, attempts to deal with problems of child abuse and neglect have frequently not included law enforcement representation on State or local planning levels. This has been due primarily to the lack of awareness among persons working on child abuse and neglect legislation, or on child protective services models and procedures of police expertise and concerns in these areas. This Standard is designed to rectify these past limitations by calling upon the law enforcement system to ensure its representation and active participation on the various committees and councils at both State and local levels.

Whoever is representative of law enforcement must have the capability to speak out forthrightly on most issues as they arise, giving decisive and consistent interpretations of the stance of the department on the various questions. The police administrator must be aware that the representative is discussing policy and may open doors to commitments which the agency will be under pressure to fulfill.

The number of smaller police agencies that might not be represented among the membership of a particular State-wide professional law enforcement organization presents a communications problem that will never totally be overcome. However, those local agencies that have entered into a formally organized commitment to child protective services should be motivated to ensure reception of feedback from the State Child Protection Coordinating Committee by virtue of the individual department's operational involvement. Another possibility for overcoming the State to local communication feedback problem is through the active participation of the local law enforcement agency on the Community Child Protection Coordinating Council. In this manner, the department can remain fully informed and actively engaged in the planning and coordinating roles taking place within the local jurisdiction.

Community Council participation will also provide the means for input into the Plans and Report delineated in the last Guidelines. Data necessary for consideration can be retrieved from police records specifically relating to child abuse and neglect. This information might include demographic profiles of the children and families encountered, numbers and types of services requested, numbers and types of dispositions, and agencies assisted. Also important is the input the local law enforcement agency can provide in terms of altering future service directions; supporting the innovative plans of others; and providing feedback and guidance relating to legislative considerations.

Prevention and Treatment

STANDARD J-3

THE LAW ENFORCEMENT AGENCY SHOULD DEVELOP PROGRAMS AND STRATEGIES TO PREVENT CHILD ABUSE AND NEGLECT AND TO ASSIST OFFICERS IN IDENTIFYING CHILDREN AND FAMILIES AT RISK

Guidelines

- Recognize that police officers are reluctant to assume responsibilities that have not been defined as part of their traditional roles, and that law enforcement administrators must provide the approval and sanctions for these efforts

- Educate police officers to recognize that they have a unique opportunity to observe "high risk" environmental and interpersonal indicators of child abuse and neglect in the course of many of their routine functions, e.g., responding to calls of domestic violence, juvenile delinquency, etc.

- Increase awareness within the agency and in the community that law enforcement has a role in the prevention of child abuse and neglect through such methods as:

  (1) presentations by the Multi-disciplinary Case Consultation Team
  (2) presentations by a law enforcement child abuse and neglect unit, if one exists
  (3) presentations by community resource groups involved in efforts to prevent child abuse and neglect
  (4) dissemination of literature on child abuse and neglect to law enforcement agency staff and to community libraries, organizations, and civic groups

- Review and assess options and strategies in planning for development or improvement of prevention efforts by:

  (1) defining performance-oriented objectives; analyzing each objective in terms of its being realistic and attainable; determining time frames in which each objective can be accomplished; and establishing priorities for attainment of objectives

(2) delineating program focus in terms of target groups and program thrust or emphasis
(3) examining the implementation of other law enforcement programs; e.g., victim assistance, crime prevention
(4) expanding upon existing agency programs, when appropriate, to include child abuse and neglect prevention activities
(5) specifying operational methodologies (e.g., program approach) and needed organizational adaptations in regard to such things as staffing requirements and where to locate program responsibility
(6) determining coordination needed with other community prevention programs, e.g., social services, health, educational, and private self-help programs
(7) reviewing proposed plans with patrol officers and others

- Develop or improve prevention programs after assessing the following organizational options:

(1) police family service officer option, which would utilize paraprofessional family service personnel to work with the uniformed patrol division
(2) police youth services division, utilizing juvenile specialists to operate child abuse and neglect prevention programs
(3) interagency liaison or interagency programs, such as:
  (a) combined law enforcement agency program
  (b) multi-disciplinary programs developed through interagency agreements
  (c) provision of law enforcement officers as resource personnel to existing community programs
(4) police-social service team option, through employment of social workers in the law enforcement agency or assignment of police officer to the Local Child Protective Services Unit

- Implement child abuse and neglect prevention strategies and programs, such as:

(1) providing in-service training to increase officer awareness about the importance of preventing child abuse and neglect
(2) encouraging the patrol officer to identify, during the course of regular duties, children and families in need of special services and refer them to the appropriate community resources

(3) encouraging the patrol officer to identify, during the course of regular duties, suspected child abuse and neglect situations, and to refer these situations to the appropriate law enforcement unit or specialist, or to the Local Child Protective Services Unit

(4) identifying, through the use of the law enforcement information system, areas in the community where family disturbance and juvenile problems are most frequent; and developing and/or advocating for community-sponsored service programs, (e.g., Community Watch) to assist these families and juveniles

(5) acting as a resource to the juvenile court to provide information about child abuse and neglect

(6) developing public education and awareness programs regarding the law enforcement agency's prevention activities

(7) encouraging responsible citizen reports of child abuse and neglect by being responsive to their reports and by providing appropriate follow-up information

- Ensure, through training and performance procedures, that officers encountering "high risk" situations know what policies and procedures to follow in response to the risk, such as by:

  (1) taking preventive action
  (2) writing a report of the situation and forwarding that report to a law enforcement specialist for a child protective services worker
  (3) requesting the presence of a law enforcement specialist at the scene

Commentary

Law enforcement agencies, regardless of the level of government represented and current responsibilities with regard to child protective services, are all in the position to assist in the general prevention of child abuse and neglect. These prevention activities can occur while meeting normal routine objectives of the agency, particularly when attempting to prevent juvenile delinquency. This is due to the reported high incidence of abuse and neglect among children who engage in delinquent behavior.

In addition, the police represent a public service group that has as much or more contact than any other agency with families who engage in domestic violence. An enhanced police role awareness will enable the police to contribute their manpower resources to the identification of these situations as being abusive, neglectful or "high risk". Once committed to making such assessments while concurrently performing other routine police tasks, officers will increasingly identify potential abuse and neglect situations. Most important, however, the protection of children will begin with the sensitive perception of the officer, not at the point in which events have led to an extreme victimization of the child.

In general, crime prevention activities are designed to repress the opportunities for succesful criminal attack upon persons or property and provide the citizenry with information on self-protection. These efforts are not designed to cope with the complexities of behavioral breakdowns between interacting family members, such as the parent-child relationship. The concept of prevention, thus, must be expanded to focus on helping others and working with others to attain solutions to deep-rooted personal and family problems. The foundation already exists upon which to build effective abuse-neglect programs -- the police youth or juvenile officer unit, which has traditionally operated in a people-serving, problem-solving capacity. It must be recognized, however, that no prevention program can flourish in a law enforcement environment unless this expanded role of the police is understood and accepted by both law enforcement administrators and police line personnel.

This Standard and the associated Guidelines present options and alternatives to address the diversity of the law enforcement community, the size differentials in local agencies, differences in community needs and resources, and the variety of assigned police responsibilities. There is no intent to suggest a change in law enforcement direction. Rather, the Standard is intended to recommend an expansion of the police role utilizing existing police strengths, resources, and skills, while leaving open-ended specific approaches which will vary depending on departmental and jurisdictional requirements.

STANDARD J-4

THE LAW ENFORCEMENT AGENCY SHOULD ASSIST OFFICERS IN IDENTIFYING AND RESPONDING TO CASES OF SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Assist officers in understanding that their primary responsibility in child abuse and neglect cases is the identification of abused and neglected children, and the referral of their families to the appropriate community treatment resource, as opposed to the traditional police role of identification, apprehension, and prosecution of the offender
- Assist officers in understanding, however, that apprehension and prosecution of the offender may be warranted in grave cases of abuse and neglect
- Assist officers in the identification of the different types of abuse and neglect; i.e., physical abuse, physical neglect, sexual abuse, emotional abuse and neglect, and institutional abuse and neglect
- Assist officers in distinguishing from other cases those which:
    (1) need immediate intervention into the parent-child relationship
    (2) call for removal of the child from the home
- Promote awareness of child abuse and neglect among law enforcement personnel by improving their understanding of police responsibilities toward juveniles, including:
    (1) prevention of delinquency
    (2) investigation of delinquency, which includes examination of the home conditions and neighborhood environment, during which indicators of abuse and neglect may become evident
    (3) protection of the child, which begins with police awareness of their role as identifiers of abuse and neglect, and their willingness to have a high index of suspicion of abuse and neglect
    (4) case disposition, including possible removal of the child from the home through the exercise of temporary protective custody (Cross-reference to STATE LAW, Standard A-6, p. III-16)

STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

- Improve police understanding of the identification and treatment of abuse and neglect, including:
  - (1) unique dynamics and indicators of child abuse and neglect
  - (2) recognition of abuse and neglect during the course of an investigation of another police action
  - (3) recognition of the roles of and treatment process performed by other community agencies, particularly the Local Child Protective Services Unit.

- Assist officers in overcoming negative emotional reactions toward parents who abuse or neglect their children by helping officers to:
  - (1) understand inadequate child rearing patterns or practices as well as cultural, social, and historical considerations
  - (2) anticipate and control judgmental reactions towards the parents
  - (3) understand the dynamics underlying sexual interaction variations that can occur within a family unit, such as incest and other forms of sexual abuse

- Prepare officers for the reality of "subsequent risk", i.e., situations where the child protection system breaks down and the life of a child is lost or is seriously impaired (if this area is not addressed, officers who are involved in such an unfortunate incident may suffer from reduced effectiveness in working with future abuse and neglect cases)

- Develop strategies and procedures that clarify the officer's role in:
  - (1) the various types of abuse and neglect situations
  - (2) the various types of "borderline" situations

- Develop procedures for the removal of a child with emphasis on how to reduce the trauma to the child; suggestions include:

  (1) use tact, patience, understanding, and skill
  (2) enlist the aid of older children in the home
  (3) learn and use first names as quickly as possible
  (4) use childhood terminology
  (5) converse with small children at eye level
  (6) be affectionate and reassuring
  (7) be certain all the children have been located
  (8) assign children to one another and make frequent head counts, if several children need removal concurrently

Commentary

The best interests of the child and the protection of children are the guiding principles underlying child protection services for law enforcement. The concentration on attempting to identify an offender and to seek evidence to sustain a prosecution is a secondary aspect of the police child abuse and neglect investigation.

To begin with, criminal prosecutions for child abuse and neglect are at best very difficult, and even when they are successful, courts have been reluctant to pass sentences corresponding to the degree of the crime. Furthermore, many times there are constrictions, such as family size, that dictate the release of offenders. The exceptions to these aspects of the prosecutorial approach tend to be in matters of child homicide and sexual abuse. Generally, the officer cannot expect lengthy sentences as a result of prosecution.

Criminal prosecution has several drawbacks. In general, it tends to negate future remedial work with the offender, as it reinforces the preconception that "no one cares about my problems or understands what I'm trying to do for my child," which is a common parental defense.

Too often in the homicide matter the major criminal investigator proceeds as if on a normal homicide. A prosecution and conviction may result, providing for a prison term of some duration; however, major familial conflicts affecting surviving siblings may offset the consequences of the prosecution. There is also the consideration that the offender some day may either return to the family or parent additional children. Traditional homicide investigations should not proceed without some liaison with the law enforcement child abuse and neglect specialist.

STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

The most difficult child abuse or neglect situation is the borderline or "gray zone" circumstance where the facts of the incident are not clear-cut enough to bring direct focus and response. Thus, a police officer in the field may encounter a case situation in which it is discovered no agency is willing to provide ongoing treatment services. More often than not it reflects the already overburdened caseload of the other discipline, rather than the total lack of anything to go on in accepting the case. Police administrators should assist in developing independent law enforcement strategies that will be functional options to those cases which are stymied in bureaucratic inadequacy. These matters are much akin to the so-called "early detection of delinquency," in which the police and others have often found a reluctance on the part of other disciplines to act on less than specific violation circumstances. The existence of these less than clear cases also serves to emphasize the need for training, staff development, and officer enrichment, as it is through those means that police practitioners will become more confident and proficient in arriving at solutions.

STANDARD J-5

THE LAW ENFORCEMENT AGENCY SHOULD REPORT SUSPECTED CASES OF CHILD ABUSE AND NEGLECT AS MANDATED BY STATE LAW

Guidelines

- Promote awareness among law enforcement personnel of reporting responsibilities, including:
  (1) law enforcement personnel's reporting responsibilities as defined in State Law
  (2) law enforcement personnel's reporting responsibilities defined in internal agency policies
  (3) reporting immunities
  (4) consequences when child abuse or neglect is suspected but not reported by law enforcement personnel

- Promote awareness among law enforcement personnel of reporting requirements, including:
  (1) law enforcement personnel need only to suspect child abuse or neglect -- proof is not required
  (2) agencies mandated by State Law to receive and respond to reports of abuse and neglect as well as other agencies that may respond

STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

- Develop specialized internal police agency reporting procedures for suspected cases of child abuse and neglect that cover:
  (1) direct receipt of reports from the general public and from agencies in the community
  (2) transmittal of the reports within the department to the specialist or unit responsible for intervening or for forwarding the reports to the Local Child Protective Services Unit
  (3) distribution of reports to all officers or units who should be so advised

- Design and implement reporting and record keeping systems that support exchange of information between the law enforcement agency, Local Child Protective Services Unit, and other agencies concerned with child abuse and neglect while ensuring that these systems:
  (1) protect the child's and family's rights to confidentiality; particularly in relation to news media
  (2) have procedures for reporting and record keeping assessment that are tailored in conjunction with the local Child Protective Services Unit

- Provide regular in-service training for all law enforcement personnel on reporting responsibilities, requirements, and procedures

- Encourage law enforcement training academies to include curricula on child abuse and neglect reporting responsibilities, requirements, and procedures

STANDARD J-6

THE LAW ENFORCEMENT AGENCY SHOULD EMPHASIZE THE INTERVIEW AS A SIGNIFICANT TOOL IN A CHILD ABUSE AND NEGLECT INVESTIGATION

Guidelines

- Promote realization that child abuse and neglect alters the police officer's ability to rely on real and/or physical evidence to establish facts, due to the following:

(1) the incident usually occurs privately
(2) the child may be too young to verbalize what has occurred
(3) the youth's statements may lack legal competency and credibility
(4) there is often role confusion and loyalty dilemas among the abused or neglected child and his siblings
(5) the persons involved in the incident may provide conflicting accounts of what has happened

- Train police officers on how to conduct interviews with: child victims; other siblings; parents and caretakers; professional practitioners from other disciplines; and other witnesses

- Improve interviewing skills of police officers by:

(1) viewing the interview as both an art and a science that involves correct mechanics, effective communication, logic, and creativity
(2) emphasizing the interview as the beginning of a solution for a person who abuses, not the beginning of a problem
(3) clarifying that the interview can:
    (a) indicate the need to obtain medical assistance
    (b) provide information on special aspects of the incident, especially in a case of sexual abuse
    (c) evaluate whether or not a child is competent to appear as a witness in court
(4) providing information on the legal aspects of the interview, including legal rights and legal safeguards that form the basis of due process protection (Cross-reference to Standard J-8, p. III-215)

Commentary

The law enforcement profession is aware of the importance of the interview as a tool of investigation. Much attention has been paid to the mechanics of interviewing in law enforcement training centers, academies, and in-service training sessions. Still, the interview remains an elusive subject to be transmitted effectively in a training setting. Thus, the purpose of this Standard is to clarify the intent and scope of the interview in cases of abuse and neglect.

Police perceptions of the interview process tend to categorize persons to be interviewed into groups that parallel traditional criminal investigatory encounters. Victims are usually visualized as adults. Witnesses are viewed as persons who saw something occur and who have attained maturity, but who do not qualify as expert witnesses. These generalized perceptions are reinforced in current training concerning the interview process.

Child abuse and neglect cases present a totally different interview problem. The victims are not only children, but many cannot (or should not) serve as courtroom witnesses. Victims and their siblings have difficulty sorting out familial interrelationships. Other witnesses, such as spouses, relatives, and friends, may demonstrate differing attitudes and responses to the report of suspected abuse or neglect.

Thus, effective interviewing involves awareness of both verbal and nonverbal communication. An aspect of verbal communication often neglected in interviewing training is intonation, or the emphasis in which speech is articulated. Nonverbal forms of communication which should be included in interviewing training are the use of gestures, facial expressions and body positioning.

Further training on interviewing should stress both the mechanical aspects of interviewing (e.g., location and composition of interview) as well as the non-mechanical aspect (e.g., use of logic, elimination of mental perceptual distortions, and creativity).

STANDARD J-7

THE LAW ENFORCEMENT AGENCY SHOULD DEVELOP AND PARTICIPATE IN MULTIDISCIPLINARY APPROACHES TO PREVENTING AND TREATING CHILD ABUSE AND NEGLECT IN COOPERATION WITH THE LOCAL CHILD PROTECTIVE SERVICES UNIT

Guidelines

- Serve as a resource within the community for purposes of program coordination, program development, and child advocacy
- Participate on the community's Multi-disciplinary Case Consultation Team (Cross-reference to LOCAL AUTHORITY, (Standard E-8, p. III-94)

- Establish contracts and interagency agreements with other agencies in the community (e.g., the Local Child Protective Services Unit, hospitals, mental health clinics, health department) concerned with child abuse and neglect to clarify roles, responsibilities, and procedures, especially when there is a need for joint case investigation
- Promote joint educational and training programs
- Participate in evaluation efforts conducted by the State Child Protection Coordinating Council, and/or the Local Child Protective Services Unit

Commentary

The purpose of this Standard is to encourage police administrators, mid-management personnel, and law enforcement child abuse and neglect specialists to actively seek out opportunities for service throughout the community. There are several ways in which this can be accomplished.

First, if the police are not contacted by community groups planning child protecting services, the police should initiate such contacts and outline for the groups the advisory, consultive, or other forms of assistance the department is prepared to provide. Second, a law enforcement representative should be available to participate as a regular member of the community's Multi-disciplinary Case Consultation Team or if preferred, to participate when warranted by the nature of the case(s) being presented. The team provides the means for specialists from various disciplines to assess and make recommendations on difficult case situations as well as to plan for collective case management.

Second, the law enforcement agency should develop written agreements with other agencies in the community. Interagency agreements specify the roles, the tasks, and areas of responsibilities of each agency, and the procedures for carrying out functions in a coordinated manner. This is particularly important in jurisdictions where the law provides for more than one agency to intervene in situations of child abuse and neglect.

Finally, the law enforcement agency should participate in evaluation of the State's and the community's child protective service efforts. All of these multi-disciplinary opportunities must be recognized and encouraged by law enforcement leadership.

Resource Enhancement

STANDARD J-8

THE LAW ENFORCEMENT AGENCY SHOULD EDUCATE ITS PERSONNEL IN THE LEGAL ASPECTS OF CHILD ABUSE AND NEGLECT

Guidelines

- Increase understanding and knowledge of the legal aspects of the police role in child abuse and neglect cases in the following areas:

  (1) the concept of probable cause and the use of discretionary authority as applied to specific case situations, including but not limited to:
    (a) entrance into a home based upon a report that children have been left alone and unattended
    (b) entrance into a home where the parent(s) is present, and there is reason to believe that the child comes under the jurisdiction of the juvenile court due to neglect or abuse by the parent(s)
    (c) placement of a child into temporary protective custody via "police hold"
  (2) the juvenile court law which defines persons coming under the jurisdiction of the court and under police authority
  (3) the civil or criminal code which relates to certain acts or omissions either directly related to child abuse and neglect or to crimes against children

- Promote the importance of the collection of evidence in general, as well as evidence potentially related to the existence of physical abuse, neglect, and sexual abuse, including but not limited to:

  (1) physical evidence relating to the sexual abuse of children, such as: body fluids and secretions; fingernail scrapings; clothing of both victim and suspect
  (2) photographic evidence of superficial body bruises or other traumatic signs or evidence
  (3) weapons, objects, or materials used to injure children

- Develop skills in the collection and preservation of physical evidence at the scene of the child abuse or neglect incident
- Increase knowledge of admissible evidence, including the comparison of evidence admissible in criminal proceedings or juvenile court preliminary and adjudicatory hearings to the broader range of evidence admissible in juvenile court dispositional hearings
- Improve skills for interviewing parents, children, and others normally encountered during an investigation which are consistent with protection of their rights
- Develop skills in: differentiating between the legal implications of the investigative interview and the legal implications of the custodial interview

Commentary

The purpose of this Standard is to ensure that police officers are prepared to make the legal assessments necessary for action in child protection circumstances. Assessment should be based upon criminal procedure factors that guide the establishment of probable cause, coupled with a firm knowledge of the juvenile court law and the discretionary powers the law assigns to police officers when a child is believed to come under the jurisdiction of the juvenile court.

Line police personnel generally are not well versed in the basic juvenile court law. Every officer should be fully conversant with the juvenile court law that: (1) defines the minor coming under the jurisdiction of the court; and (2) describes police powers in carrying out the intent of the code. For law enforcement child protective functions, this information is imperative.

Further, the criminal code may be utilized by police officers for purposes other than the direct prosecution of offenders. These statutes provide the basis for police authority to: work on the case; determine probable cause; and they also provide guidance to the police officer in identifying alternative approaches to child protective case management activities.

In relation to gathering evidence, it must be recognized that the contamination of evidence due to improper questioning must be reduced to the lowest level. The result of loss of pertinent evidence because of procedural violations during the interview process may, on its own, place the child needing protection in further jeopardy. Officers should be able to obtain necessary information in both investigative and custodial interviews while also serving in the capacity of a human rights protector. The clarity with which officers differentiate between the legal aspects of the two types of interviews will assist in overcoming improper or inappropriate interviewing procedures.

STANDARD J-9

THE LAW ENFORCEMENT AGENCY SHOULD ACTIVELY PARTICIPATE IN THE DEVELOPMENT OF IMPROVED AND INNOVATIVE APPROACHES TO PREVENTING, IDENTIFYING, AND TREATING CHILD ABUSE AND NEGLECT

Guidelines

- Provide innovative agency leadership by:
    (1) utilizing resources and organizations external to the law enforcement agency, such as professional police organizations, universities, and other professional disciplines, to assist in developing innovative programs
    (2) developing opportunities for law enforcement administrators and abuse and neglect specialists to serve as visiting resource personnel at major child abuse and neglect prevention and treatment centers
    (3) creating an atmosphere internal to the agency which encourages all staff levels to propose improved approaches and discuss the various alternative approaches concerning the provision of child protective services
- Promote departmental, multi-disciplinary, and public education programs at the local, State, regional, and national levels, which focus on:
    (1) increasing awareness and understanding of child abuse and neglect
    (2) improving the skills of law enforcement personnel in preventing, identifying, and helping treat child abuse and neglect

STANDARDS FOR THE LAW ENFORCEMENT SYSTEM

- Provide crisis-intervention and conflict-management training programs for line patrol officers and abuse and neglect specialists
- Encourage patrol and other line personnel to make informal contacts with practitioners in other service systems and disciplines, such as the Local Unit, Physical Health, and Educational Systems

SECTION K: STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

The overall objectives of these Standards are to:

- Encourage the prevention, identification, and correction of institutional child abuse and neglect; and
- Reduce the unnecessary institutionalization of children.

Standards under this Section are divided into two parts. The first part of these Standards addresses the State's responsibilities in ensuring that children residing in institutions are receiving proper care and treatment. The second pertains to an institution's responsibilities in admitting, treating, and discharging children in general, and children suspected of being abused or neglected in particular.

The Section is divided into two parts because of the unique status of institutions. Like other service delivery systems, institutions should strive to prevent, identify, and treat child abuse and neglect. However, unlike other service delivery systems, institutions serve as surrogate caretakers. In this role, they may accept into their care abused or neglected children, or may, themselves, abuse or neglect children. Hence, the Standards in the first part recommend that an Independent State Agency be designated to oversee institutions' activities, especially those activities related to the prevention and treatment of institutional child abuse and neglect.

Part I: States' Responsibilities

The main purpose of these Standards is to provide States with guidance for establishing an independent review of institutional abuse and neglect, and to encourage States to promote good care for every child residing in an institution. The difficulties private and public institutions may have in achieving the Standards and the difficulties that States may encounter in enforcing these Standards are acknowledged. For example, private institutions are heavily dependent on third party payors (insurance companies, private contributors, parents, etc.) who may not be willing to underwrite the administrative costs attendant with these Standards, and thus, private institutions may have to seek financial support through other means. The Standards also recognize that State licensing agencies often do not have sufficient qualified staff to monitor institutions. In some cases, licensing agencies do not have a set of appropriate standards against which to measure institutions. The Standards in Part I are intended to help resolve these problems.

Part II: Institutions' Responsibilities

The Standards and Guidelines in Part II which relate to institutional roles, policies, procedures, and responsibilities, are intended, first, to provide guidance for determining when and for how long an institutional setting is appropriate for a child. Until recently, placement in an institution was viewed as an acceptable first alternative for a "problem" child. Recent research has shown that, regardless of the quality of care provided, institutionalization exacts a psychological cost from the individual which makes his reentry into community life difficult, if not impossible. Hence, the concept of "least restrictive alternative" has emerged as the appropriate guideline in determining what placement alternative is most suitable.

These Standards also encourage institutions to pay special attention to abused or neglected children admitted to their care. Unless there is such emphasis on the part of institutions, histories of child abuse and neglect may be overlooked by institutional staff, as well as the relationships of the abuse and neglect to other problems that the children exhibit (e.g., delinquent behavior provoking further abuse). Finally, these Standards are intended to support the continuing improvement of the overall quality of institutional services by stressing the importance of Federal and State legislation and regulations governing institutional care. Institutions, both public and private, often have been indirectly responsible for child abuse and neglect through the lack of adequate monies, standards, and enforcement of these standards.

Developing Standards and Guidelines for all the aspects of child care institutions is beyond the scope of this document. However, the Standards and Guidelines in this Section are applicable to all residential child care institutions, regardless of the child's presenting problems.

DEFINITIONS

The following definitions are provided to assist the reader in understanding the scope, intent, and purpose of these Standards:

STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

Institution

A residential facility, or a foster home, that admits children, including abused or neglected children, under the age of 18, for care, treatment, and/or training.

Independent State Agency

An agency at the State level which is concerned with the quality of care provided to children placed in institutions; and receives, evaluates, and recommends corrective action on reports of institutional abuse and neglect. The agency so designated need not be one exclusively devoted to the prevention and treatment of institutional abuse and neglect, but should be an agency (such as one that assumes the role of ombudsman) whose advocacy missions clearly include the special needs of this population. This agency should also make periodic evaluations of institutions and submit reports of its findings to the State Child Protection Coordinating Committee.

Human Rights Committee

A committee established by the institution to be responsible for developing and implementing child abuse and neglect reporting procedures, in addition to other procedures concerned with human rights.

Least Restrictive Alternative

The least restrictive alternative is defined in terms of the two major settings in which a child lives: his home and his school. When applied to the child's home setting, it dictates that the child should be placed in that living situation which most closely resembles a normal, healthy, family home, while ensuring a full range of needed care and treatment. In general, the hierarchy of commonly used alternative residential settings is:

(1) natural family
(2) foster family
(3) group home
(4) weekday only residential school
(5) "open," 24-hour-per-day institutional setting within or near the child's natural community
(6) "open," 24-hour-per-day institutional setting located some distance from the child's natural community
(7) locked, 24-hour-per-day institutional setting.

The least restrictive alternative applied to a school setting is that setting which meets the child's special educational and training needs. A hierarchy of commonly used settings is:

(1) regular classroom
(2) regular classroom plus special services after school
(3) regular classroom except for selected special classes during the school day
(4) self-contained, special classroom setting
(5) special treatment centers which also provide education and training appropriate to the child's needs and abilities

(As the child's special educational and training needs are interrelated with the choice of the residential setting, both warrant consideration when applying the concept of "least restrictive alternative.")

The reader should also review Standards A-2, A-7, A-8, and A-9 in STATE LAW, as these Standards define and establish the legal basis for the State Child Protection Division, the Independent State Agency, licensing agencies, and the State Child Protection Coordinating Committee.

PART I: STATES' RESPONSIBILITIES

Administration and Management

STANDARD K-I-1

THE STATE DEPARTMENT OF SOCIAL SERVICES SHOULD DESIGNATE AN INDEPENDENT STATE AGENCY TO OVERSEE RESIDENTIAL CHILD CARE INSTITUTIONS AND ASSESS REPORTS OF INSTITUTIONAL ABUSE AND NEGLECT

Guidelines

- Determine with the State Child Protection Coordinating Committee the following:

(1) appointment of a Director within the Independent State Agency to take prime responsibility for the prevention and treatment of institutional child abuse and neglect, including his term of office
(2) staffing and resource needs, including: consideration of staff with expertise in child development, child protective services, and child welfare services; assessment and review; licensing; and labor relations and bargaining
(3) roles and responsibilities for overseeing child care institutions

- Determine with the State Child Protection Coordinating Committee and with the Independent State Agency the following:

(1) procedures for receiving reports of institutional child abuse and neglect to include:
    (a) immediate transmittal of any report of institutional abuse or neglect from the State Child Protection Division to the Independent State Agency
    (b) the Independent State Agency's arrangements for receiving reports and initiating an emergency assessment 24 hours per day, seven days per week
(2) procedures for requesting and receiving from State departments, local agencies, private organizations, and institutions information necessary to discharge the prescribed responsibilities, including the authority to subpoena records and witnesses
(3) data to be submitted for inclusion in the Annual State Plan on Services for Children and Families, and in the Annual Report on Child Abuse and Neglect Prevention and Treatment which is to be forwarded to the Governor and State Legislature (Cross-reference to STATE AUTHORITY, p. III-55)

Commentary

This Standard gives the State Department of Social Services authority to designate the Independent State Agency best suited to handle institutional child maltreatment without having to rely on that Agency's ability to absorb the cost of the added responsibility. Such an arrangement, for example, would allow the Agency investigating the institutional abuse or neglect to receive child protective funds, including those derived from federal programs, such as Title XX of the Social Security Act.

STANDARD K-I-2

EACH CHILD-PLACING AGENCY SHOULD USE, WHENEVER POSSIBLE, AN IN-STATE INSTITUTION FOR PLACEMENT

Guidelines

- Utilize an out-of-State institution only if its treatment program is unavailable in the State and is required for the child needing placement
- Receive prior approval from the Independent State Agency for the placement of a child in an out-of-State institution:
    (1) if the placement is approved, staff from the child-placing agency are to conduct a pre-placement, on-site interview with the out-of-State institutional staff, and arrange for a pre-placement, on-site visit for the child and his family
    (2) if the child is placed, the child-placing agency is to arrange for periodic visits between the child and his parents during the year
- Monitor an out-of-State institution used for placement by:
    (1) having agency staff visit the child at least twice a year
    (2) obtaining detailed information about the nature and level of care and treatment being used in the institution
    (3) requiring periodic treatment progress reports from the institution
    (4) maintaining close contact with licensing agencies in the other State to ensure that the institution meets licensing requirements and has not had its license revoked

STANDARD K-I-3

THE INDEPENDENT STATE AGENCY SHOULD CONDUCT REGULAR REVIEWS OF ALL RESIDENTIAL CHILD CARE INSTITUTIONS IN THE STATE OR REVIEW THOSE PERFORMED BY OTHER AUTHORITIES

Guidelines

- Compile and maintain an updated file of public and private institutions
- Conduct reviews of public and private institutions which include on-site, unannounced visits
- Focus reviews on the following:
  - (1) the existence, range, and quality of treatment services
  - (2) the institution's policies on child management
  - (3) the institution's fiscal policies, procedures, and priorities, including purchase-of-service agreements
  - (4) the number and qualifications of staff; staff selection, screening, and performance evaluation; staff rotation policies and procedures; staff supervision; and staff pre- and in-service training

Commentary

If an organization or agency other than the Independent State Agency is mandated to conduct reviews of institutions, the Independent State Agency may consider this other review in lieu of its own. However, the Independent State Agency should still have the authority to conduct on-site reviews.

STANDARD K-I-4

THE INDEPENDENT STATE AGENCY SHOULD WORK WITH STATE AND COUNTY LICENSING AGENCIES TO ENSURE THAT LICENSING CODES, REQUIREMENTS, AND STANDARDS ARE ENFORCED

Guidelines

- Compile and maintain an updated file of State and county licensing agencies, child-placing agencies, and juvenile and family courts
- Establish and maintain liaison with State and county licensing agencies
- Assess licensing codes, requirements, and standards of State and county licensing agencies, by recognizing that:
  - (1) State standards for child care in institutions may not exist or existing ones may be inadequate
  - (2) licensing codes, requirements, and standards should deal with physcial conditions of facilities as well as their treatment programs
  - (3) regular inspections of public and private institutions by the appropriate State and county licensing agencies are necessary and are to be encouraged
- Develop State standards for child care in institutions if they do not exist or if existing ones are inadequate
- Develop such standards in conjunction with the appropriate child-placing agencies and appropriate State and county licensing agencies
- Communicate regularly with State and county licensing agencies for:
  - (1) receipt of their inspection reports on public and private institutions
  - (2) up-to-date information on changes in the licensing status of all public and private institutions
  - (3) suggestions as to how the Independent State Agency can assist State and county licensing agencies in enforcing their Standards and/or licensing requirements

- Notify child-placing agencies, and juvenile and family courts in the licensing status of all public and private institutions

- Assist private and smaller public institutions in identifying alternative funding sources to be used in implementing these Standards; these alternative may include:

  (1) direct cost reimbursement to the institution
  (2) staffing support through the Independent State Agency
  (3) advocating legislative action to require private and Federal insurance companies to include coverage of these costs as reimbursable

Prevention and Treatment

STANDARD K-I-5

THE INDEPENDENT STATE AGENCY SHOULD ASSESS REPORTS OF SUSPECTED INSTITUTIONAL CHILD ABUSE AND NEGLECT

Guidelines

- Recognize that some cases of institutional child abuse and neglect require the authoritative intervention of law enforcement agencies

- Develop, with the State Child Protection Division, procedures for assessing reports of institutional child abuse or neglect:

  (1) procedures are to be written
  (2) procedures are to focus on: emergency criteria; response to emergency reports; response to other reports; notifying the institution's director, the child's advocate, the child's parent(s), and the child's placing agency, about the report and assessment

- Request that the institution initiate its own evaluation of the alleged situation if it has not yet done so

- Assign Independent State Agency staff to perform the assessment, see the child, and determine whether the allegation is true, and whether the child is safe, requires another placement, or can remain in the institution; to include:
    (1) gathering information from the following sources: the individual who made the report, institutional personnel, the child, the child's parent(s), and collateral community resources such as medical or educational resources
    (2) if appropriate, obtaining medical, psychiatric, and/or psychological assessments of the child to be performed by physicians, psychiatrists, or psychologists who are not affiliated with the institution
    (3) when removal is necessary, seeking consent from the institution's director, the child's parent, and/or the child-placing agency; or, if indicated due to imminent danger to the child, considering the need to exercise temporary protective custody authority (Cross-reference to STATE LAW, p. III-16)
    (4) in event of removal, working with the child-placing agency and the State Child Protection Division to locate alternative temporary placement for the child

- Inform parallel public agencies involved with the child, and State and county licensing agencies, of the allegation

- Conduct on-site inspection and review of the institution early in the assessment process, and encourage the institution to implement its own corrective measures

- Complete the assessment within 60 days after receipt of the report, with the option of an additional 30-day extension, if good cause for the extension is shown and it is approved by the State Child Protection Division

- Intervene in situations of alleged institutional abuse or neglect involving a child placed from another State in the same manner as described for the assessment of any other report, except for these differences:
    (1) share the assessment process and findings with the other State's Child Protection Division
    (2) share the assessment process and findings with the child's placing agency in the other State

- Follow post-assessment procedures which include:

  (1) holding a fact-finding review to determine if the reported institutional child abuse or neglect is unfounded, indicated, or founded
  (2) allowing the institution to participate fully in the review and assessment of all relevant facts which pertain to the allegation (except those necessitating the disclosure of individuals' identities, which would breach confidentiality agreements)
  (3) providing the institution with the opportunity to share the results of its own inquiry and to state its reactions to the allegations and to the assessment findings
  (4) allowing the institution time to perform corrective action if the report is founded or indicated
  (5) documenting the final assessment findings in a report to be submitted to the State Child Protection Division, which includes recommendations for corrective action
  (6) submitting the final assessment report to appropriate State and county licensing agencies, the appropriate child-placing agency, and law enforcement authorities, when appropriate
  (7) notifying the child's parents of the final assessment findings

- Obtain the State Child Protection Division's recommendation's for corrective action and/or their approval of the institution's and the Independent State Agency's recommendations for corrective action

- Consider the reports on assessment findings and the report on corrective action as public documents, if the report of institutional abuse or neglect is founded, but information on the identities of the children involved is not to be disclosed

STANDARD K-I-6

THE INDEPENDENT STATE AGENCY SHOULD REQUEST THAT THE LOCAL COMMUNITY CHILD PROTECTION COORDINATING COUNCIL ASSIST IN ANY NEGOTIATIONS ON CORRECTIVE ACTION THAT REQUIRE CONCILIATION

Guidelines

- Cross-reference to LOCAL AUTHORITY, STANDARD E-5, p. III-86 and Standard K-II-10, p. III-246

- Encourage the Community Council to:
  - (1) provide assistance when the State Child Protection Division and the institution are unable to reach agreement on appropriate corrective action to alleviate the conditions which led to the institutional abuse or neglect
  - (2) conduct negotiations between the State Child Protection Division and the institution
  - (3) document final corrective action in a report to be submitted to the State Child Protection Division and the institution for final review
  - (4) forward the report to the child's placing agency and State and county licensing agencies

Resource Enhancement

STANDARD K-I-7

THE INDEPENDENT STATE AGENCY SHOULD WORK WITH THE STATE AND COMMUNITY TO DEVELOP ALTERNATIVES TO INSTITUTIONALIZATION OF CHILDREN

Guidelines

- Participate on the State Child Protection Coordinating Committee
- Request information and contributions from the institutional staff participating on Community Child Protection Coordinating Councils

- Work with State and community government agencies, private organizations, professional associations, advocacy groups, and concerned citizens to stimulate the development of comprehensive community support services as alternatives to the institutionalization of children
- Utilize printed and visual media to heighten public awareness of issues related to the institutionalization and de-institutionalization of children
- Prepare and regularly update detailed programmatic descriptions of public and private institutions for dissemination to child-placing agencies, juvenile and family courts, State and county licensing agencies, and residential child care institutions with emphasis on those institutions that have developed or are developing alternatives for the children placed in their institutions

STANDARD K-I-8

THE INDEPENDENT STATE AGENCY SHOULD PROMOTE THE ESTABLISHMENT AND OPERATION OF INSTITUTIONAL CHILD ADVOCACY PROGRAMS

Guidelines

- Compile and maintain an updated file which identifies existing or planned institutional child advocacy programs, and problems encountered by advocates
- Compile and disseminate guidance materials to advocates regarding such things as needs of children, conditions that need improvement, and alternatives to institutionalization
- Sponsor an annual conference for advocates for the purpose of sharing information
- Serve as a clearinghouse for institutional child advocacy programs
- Cross-reference to Standard K-II-2, p. III-233

STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

PART II: INSTITUTIONS' RESPONSIBILITIES

Administration and Management

STANDARD K-II-1

EACH INSTITUTION SHOULD HIRE QUALIFIED AND SUFFICIENT STAFF

Guidelines

- Determine the number of staff and the qualifications necessary for sufficient care, based on the institution's size, purpose, children's ethnic backgrounds, and children's special needs, including the special needs of children with histories of abuse and neglect
- Establish policies for staff recruitment, screening, and hiring, including a probationary period for new employees
- Hire professional staff who are licensed, certified, or registered as required by State law
- Ensure that staff hired to work with children have had prior training in child development and training in recognizing indicators of child abuse and neglect
- Establish individual worker caseloads, to be determined by such factors as: the children's chronological and mental ages; nature of the children's problems and other characteristics; type and extent of work needed for children and parents; and the time required for individual and staff meetings and other responsibilities
- Provide a program for continued staff development, including individual and group supervision for all staff
- Compile, maintain, periodically update, and distribute to all employees a manual of personnel policies and procedures
- Include in the manual the following information:
  (1) the clearly defined purpose of the institution in terms of the specialized target population it is designed to serve

(2) job descriptions for all positions, including: qualifications; education and skills required; a general description of duties and responsibilities; and the type of supervision provided

(3) conditions and procedures of employment

(4) a code of ethical conduct for all employees

(5) a statement prohibiting child abuse and neglect by staff

(6) internal and external procedures for reporting and assessing suspected child abuse and neglect incidents

(7) mechanisms for staff involvement in evaluating the functioning of the institution and personnel

Commentary

Institutions are responsible for meeting the needs of children who enter the institution as well as ensuring that children in their care are not abused or neglected by staff. Consequently, the hiring of qualified and sufficient staff is extremely important to guarantee that these responsibilities are effectively fulfilled. In addition, assignment of reasonable caseloads and continued staff development are necessary to guarantee effective care and prevent staff abuse and neglect of children while they are in an institution.

STANDARD K-II-2

EACH INSTITUTION SHOULD ESTABLISH A FORMAL CHILD ADVOCACY PROGRAM TO REPRESENT THE INTERESTS OF CHILDREN PLACED IN THE INSTITUTION

Guidelines

- Establish an advocacy program which meets the following criteria:

  (1) each child within the institution has an identifiable advocate

  (2) each advocate has complete access to: all records on the child; all levels of institutional staff; the child-placing agency; and other agencies charged with monitoring the child's treatment

  (3) each advocate is able to express his concerns without fear of reprisal by the institution

  (4) each advocate has sufficient time to carry out his advocacy role

- Select and utilize an advocacy program which conforms to the needs and capabilities of the institution. Three alternative models are:
  - (1) an internal advocacy program, the salient characteristics of which include:
    - (a) full-time staff (hired by the institution) whose sole function is advocacy
    - (b) advocacy staff directly responsible to the director
    - (c) advocacy staff's participation on the Human Rights Committee (See Standard K-II-3)
  - (2) an external, State-administered advocacy program, the salient characteristics of which include:
    - (a) advocates (hired by the State's licensing agencies) to serve one or more institutions
    - (b) advocacy staff serve institutions within a designated geographic area (two hours or less travel time)
    - (c) the ratio of advocates to residents dictated by the number of, and distance between, institutions served (1:60 as basic guideline)
  - (3) a citizen advocacy program, the salient characteristics of which include:
    - (a) citizens in the child's community trained as advocates and assigned one to three children
    - (b) the citizen serves as a consistent advocate for the child through his institutional placement and any subsequent placements (e.g., institutional, group home, foster care)
    - (c) paid or volunteer citizen advocates, the status of which is dependent upon the resources of the community and the institution
- Delegate the following responsibilities to the advocate:
  - (1) ensuring that each entering child and his family are informed about their rights and responsibilities and their avenues of redress if those rights are violated by the institution
  - (2) representing children whose rights are being violated or are alleged to have been violated
  - (3) monitoring and advocating for change of inequitable policies and procedures prior to the need for judicial intervention

(4) investigating and examining any and all conditions which may interfere with free exercise of children's rights, except in the event of suspected child abuse or neglect, which is to be handled by the Human Rights Committee

(5) working with the Human Rights Committee to perform internal assessments in the event of suspected child abuse or neglect

(6) promoting staff involvement in evaluating the functioning of the institution and in determining staff training needs

(7) consulting freely with any institutional employee, including the director, about violations of children's and families' rights needing remediation

Commentary

It is the responsibility of each institution to establish or cooperate with an advocacy program for all children in its care. The purpose of the advocacy program is to represent the interests of the child and to prevent incidents of institutional child abuse or neglect. However, this Standard recognizes that many institutions are or will be subject to Federal- or State-mandated advocacy programs. Therefore, if the interests of the preceding Guidelines are served by an existing advocacy program established in response to other requirements, and if that program includes abused or neglected children admitted to the institution, then it is unnecessary for the institution to develop a new advocacy program. The Guidelines are broad enough to be incorporated into an existing program or to become the basis for establishing a new program.

Three models of advocacy program are outlined in the Guidelines. These models are currently being considered or utilized by many institutions. Advantages and disadvantages associated with each of the models include:

(1) internal advocacy program
    (a) advantages: "on-the-spot", full-time familiarity with the institution, and easy accessibility to the institution's programs and staff
    (b) disadvantage: tendency of the advocate to lose objectivity because of close association to staff
(2) external, State-administered advocacy program
    (a) advantages: strengthens the licensing function of the State; advocate and institution benefit from knowledge of

    other institutions' programs and policies; and less chance of advocate identifying with the institution's staff
  - (b) disadvantages: reduced level of knowledge about the institution, and less-developed working relationships with the staff to negotiate needed changes
- (3) citizen advocacy program
  - (a) advantage: advocating for the child throughout a range of placements (i.e., institution to group home to foster care)
  - (b) disadvantages: lack of formal power to affect change; difficulties of recruitment and problems of volunteer turnover; and lack of familiarity with the specifics of the institution's services

STANDARD K-II-3

EACH INSTITUTION SHOULD ESTABLISH A HUMAN RIGHTS COMMITTEE TO IMPLEMENT CHILD ABUSE AND NEGLECT REPORTING PROCEDURES

Guidelines

- Establish, as an option, a Task Force to an existing Human Rights Committee

- Include representatives from the professional staff, the advocacy program, the child care staff, patients or patient representatives (consumers), and outside professionals

- Delegate responsibility to the Human Rights Committee for the following:

  - (1) developing internal reporting procedures for incidents of suspected child abuse and neglect
  - (2) disseminating to all staff written copies of reporting procedures
  - (3) designating member(s) to be available 24 hours per day, seven days per week to accept reports of suspected abuse and neglect and make official reports to the State Child Protection Division

(4) performing internal assessments of reports of suspected child abuse and neglect together with the child's advocate
(5) providing staff training in recognition of child abuse and neglect and internal and external reporting and assessment procedures
(6) performing internal evaluations of policies, programs, facilities, services, and personnel, including the need for additional or new types of personnel

Commentary

This Standard should be consistent with similar requirements mandated by other laws or regulations. Therefore, the title and purposes of this committee may be incorporated into another committee or board. In addition, a Human Rights Committee may serve more than one institution, so long as consumer, advocate, and staff representation from each institution is included. At least two-thirds of the representation on the Committee should be other than institutional staff.

STANDARD K-II-4

INSTITUTIONAL STAFF SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE AND ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross reference to STATE AUTHORITY, p. III-45 and LOCAL AUTHORITY, p. III-86
- Include a representative who has sufficient responsibility within an institution to represent the general interests and interpret the policies of institutions
- Assist in coordinating, planning, and implementing State and community child abuse and neglect prevention, identification, and treatment efforts

- Contribute to the preparation of the Annual State Plan on Services for Children and Families, the Annual Report on Child Abuse and Neglect Prevention and Treatment, and the Local Plan of Action

Prevention and Treatment

STANDARD K-II-5

EACH INSTITUTION SHOULD ACCEPT ONLY THOSE CHILDREN WHOSE NEEDS CANNOT BE MET IN A LESS RESTRICTIVE ENVIRONMENT

Guidelines

- Recognize responsibility for refusing to admit a child whose needs cannot be met or whose needs can be met in a less restrictive setting

- Convene diverse staff members, prior to the child's placement, to determine if:

    (1) the proposed placement is the least restrictive environment which meets the child's needs
    (2) the child's emotional, developmental, and educational needs can be met by the institution's program(s)
    (3) the nature of the child's family relationships and the family's current situation can be benefited by the placement
    (4) the family is willing to participate in planning for their child and in receiving treatment for themselves
    (5) the proposed placement (whenever possible) is near to the child's home and family

- Develop procedures to obtain, prior to placement, the child's records, including those of physical examination, psychological evaluation, psychiatric evaluation, educational assessment, social history, and any history of abuse and neglect

- Arrange for at least one pre-placement, in-person interview of the child and his family and conduct an independent professional assessment of the child, as necessary, to ensure that the decision to accept or reject a child for admission is based on the knowledge of all available sources and not just on past records
- Develop procedures and time limits, if the placement proves to be inappropriate, for informing the child's placing agency that another setting must be found for the child (Cross-reference to Standard K-II-7, p. III-241); and participate in the search for an appropriate placement for the child

STANDARD K-II-6

EACH INSTITUTION SHOULD INFORM EVERY ENTERING CHILD AND HIS FAMILY OF THEIR RIGHTS AND THE RIGHTS OF THE INSTITUTION

Guidelines

- Recognize the child has rights to:
  (1) physical care and supervision
  (2) education and/or training
  (3) prompt medical care and treatment for physical health and emotional problems
  (4) emotional security
  (5) freedom from unnecessary chemical or physical restraint
  (6) protection from harm, neglect, and abuse
  (7) confidentiality of his records and mail
  (8) other rights as defined by law, regulation, or other recognized standards for the institution
- Recognize the family has rights to:
  (1) participate in the treatment program, unless it is shown that harm to the child's progress will occur
  (2) receive information regarding the child's whereabouts and condition

(3) receive proprer legal notice on behalf of or regarding their child (e.g., juvenile court review hearings)
(4) make decisions, if their child is a minor, about the child's welfare including consent to health services
(5) other rights as defined by law, regulation, or other recognized standards for the institution

- Recognize the institution has rights to:

  (1) expect cooperation from the family and placing agency in developing a treatment plan
  (2) prescribe limits as to its services, consistent with its resources
  (3) establish reasonable rules for visiting the child
  (4) set and enforce an appropriate fee schedule for its services
  (5) establish rules to protect the well-being of all residents
  (6) take emergency measures to protect the child's health and safety without prior consent
  (7) other such rights as are necessary to maintain the institution's compliance with city, county, State, and Federal licensure and standards

- Provide entering child, when child's age and condition indicate, with:

  (1) a copy of his rights
  (2) written information on advocate's name, role, and methods of contacting advocate
  (3) a copy of the family's rights
  (4) a copy of the institution's rights

- Hold individual meetings or small group oral presentations regarding rights for a child when the child is able to understand, but unable to read

- Provide family with:

  (1) a copy of their rights
  (2) written information on advocate's name, role, and location
  (3) a copy of the child's rights
  (4) a copy of the institution's rights

STANDARD K-II-7

EACH INSTITUTION SHOULD DEVELOP AND IMPLEMENT, AT TIME OF PLACEMENT, A SPECIFIC INDIVIDUALIZED TREATMENT PLAN FOR EVERY CHILD TO MEET HIS PHYSICAL, EMOTIONAL, AND DEVELOPMENTAL NEEDS

Guidelines

- Recognize that an abused or neglected child requires professional treatment and is not to be placed in:
  (1) an institution that provides only custodial care
  (2) a correctional facility or institution
- Identify the child's basic and unique physical, emotional, and development needs
- Recognize that the length of stay at the institution should be determined solely by the needs of the child
- Establish, within 30 days of admission, an estimate of length of stay needed by the child
- Develop an individualized treatment plan for the child, taking into account whether the placement is for short-term, intermediate, or long-term care, with emphasis on services that will promote community reintegration and enhance adaptive skills for normal community life
- Ensure that the child's treatment plan includes specific time-limited, short- and long-term goals related to: medical and dental needs; educational, recreational. and emotional needs; social skills; family involvement; and plans for discharge and aftercare
- Plan and provide for the emotional well-being of the child through programs and activities that promote emotional security, relationships with adults and peers, and that include special clinical services, such as those performed by social workers, physicians, psychologists, and psychiatrists
- Involve the child and his family as fully as possible in developing the plan and in making decisions concerning him if such involvement is in the best interests of child
- Utilize additional procedures for a child placed in the institution as a result of child abuse or neglect:

(1) encourage the child protective services or foster care worker assigned to monitor the case to visit the child regularly and to participate in the institution's semi-annual, interdisciplinary review of the child's progress

(2) submit a copy of the treatment plan and each progress report to the Local Child Protective Services Unit for subsequent transmission to the State Division

- Ensure equity of care through well-defined administrative policies and procedures
- Comply with licensing codes, requirements, and standards of appropriate State and county licensing agencies
- Establish procedures and time limits with respect to placement and possible discharge by:

(1) conducting a professional review of the child's progress at least monthly to ascertain appropriateness of placement in the institutional setting
(2) notifying the child-placing agency when a less restrictive setting can meet the child's needs; notification should include a detailed progress report, date of anticipated discharge, and alternative placement recommendations

Commentary

Three of the Guidelines in this Standard warrant further elaboration. With respect to the fifth Guideline on developing individualized treatment plans according to expected length of placement, the following discussion illuminates what is meant by short-, intermediate, and long-term care and how this affects treatment and discharge plans.

First, if the stay is estimated at 45 days or less (short-term care), the institution should establish, before or within five days of admission, an individualized treatment plan which contains an estimated discharge date. Second, if the estimated length of stay at the institution is 46 days to one year (intermediate care), or third, if the estimated length of stay is longer than one year (long-term care), the institution should prepare an individualized treatment plan within 30 days of admission. In any of the three instances, the individualized treatment plan should be reviewed with the child-placing agency.

Several additional suggestions regarding discharge may assist institutions in implementing the last Guideline, i.e., procedures dealing with discharge. If the child-placing agency agrees with the institution's assessment regarding discharge plans for a child, the agency should share with the institution its plans for the child's subsequent placement as well as its willingness to resume responsibility for the child on the agreed-upon discharge date. Should the child-placing agency disagree with the institution's recommendation for discharge, the agency should notify the institution within 15 days. The institution and the child-placing agency should review the case again, and make a final decision as to the appropriate discharge date.

Finally, although it is assumed that institutions will have the primary responsibility for determining the length of the child's stay in the institution, the child's advocate may also request that a post-placement review be conducted for the purpose of considering discharge of the child.

STANDARD K-II-8

EACH INSTITUTION SHOULD INVOLVE FAMILIES IN DECISION MAKING FOR THEIR CHILDREN AND PROVIDE FOR FAMILY INVOLVEMENT IN INSTITUTIONAL ACTIVITIES

Guidelines

- Recognize the responsibility to involve families in all phases of institutional activities
- Assess ways in which families can be involved
- Encourage families to become involved with their children and the institution by:
    (1) inviting parents to formal staff reviews and including them in the reviews
    (2) consulting with the parents about any significant change in the treatment plan and advising them of such changes
    (3) establishing a wide range of time for child visitation including, at a minimum, daily visitation periods in the afternoon and evening

(4) limiting visiting rights during established hours only when it would clearly detract from the child's adjustment and treatment (e.g., during the period immediately following admission; when a specific treatment program is in effect; or when the visit would upset the child)
(5) encouraging weekend, holiday, and vacation home visits with the family unless professionally contraindicated by the treatment plan
(6) providing counseling services to families, or ensuring that such services are available elsewhere
(7) allowing and encouraging family to provide clothing, appropriate small gifts, allowance money, etc., for the child
(8) encouraging family participation in activities such as holiday parties, birthday parties, unit outings, field days, etc.
(9) establishing appropriate and reasonably frequent times when parents can attend and observe treatment activities such as school classrooms, and recreational activities

- Sponsor and support a Parents' Organization by:

  (1) informing all parents of the Organization's existence and how to apply for membership
  (2) ensuring that representatives of the Parents' Organization are included on major boards sponsored directly by the institution, such as the Human Rights Committee or Advisory Boards
  (3) arranging periodic meetings between administrative staff and the Parents' Organization to answer questions and discuss issues or concerns

Commentary

Unless it is determined through a professional assessment of the child's needs that the family's involvement will have a detrimental effect on the child, the institution should encourage family participation. The therapeutic benefits of family involvement, not only in caring for the child but in all phases of the institution's activities, should be recognized by institutional staff.

Further, the institution and the child-placing agency should establish a specific plan of treatment for the family, coordinated with the child's plan, to attempt to reach the goal of returning the child to his family. A decision which eliminates the eventual return to the family should be well-documented and should occur only after a thorough assessment of the child's and family's capabilities and prognosis.

STANDARD K-II-9

EACH INSTITUTION SHOULD COMPLY WITH THE STATE LAW IN REPORTING AND ASSESSING SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Recognize that institutional staff, and consultants may be mandated to report and are civilly liable; if they fail to report they can be charged with a misdemeanor
- Recognize that parents, relatives, and friends are voluntary reporters and are encouraged to report
- Make reports to an on-duty member of the Human Rights Committee who is required to report to the State Child Protection Division and to initiate the assessments; at the same time, notify the director of the institution of the reports
- Cooperate with the Independent State Agency in conducting its own independent assessment of the suspected incident (Cross-reference to Standard K-I-5 p. III-227)
- Recognize that procedures for reporting suspected abuse and neglect occurring in an institution are the same as those for reporting abuse and neglect occurring outside an institution

STANDARD K-II-10

EACH INSTITUTION SHOULD DEVELOP A PLAN FOR CORRECTIVE ACTION IF A REPORT OF INSTITUTIONAL CHILD ABUSE OR NEGLECT IS FOUNDED

Guidelines

- Present to the State Child Protection Division for review, a strategy for corrective action which:
  - (1) is most feasible, given the institution's financial and operating realities
  - (2) ensures that repetition of the situation will not occur
- Cooperate with the Community Child Protection Coordinating Council when agreement cannot be reached with the State Child Protection Division on appropriate corrective action (Cross-reference to Standard K-I-6, p. III-229)

Commentary

In the past, the corrective strategy employed in known incidents of institutional child abuse and neglect has not always had a sufficient preventive component to ensure that there would be no repetition of the situation. For example, if a child has been physically assaulted, many institutions have considered it sufficient to merely terminate the employment of that staff member rather than to initiate a thorough review of its staff selection procedures and its policies related to child care.

The purpose of this Standard is to stress the need for States, communities, and institutions to develop a mechanism which will correct those situations which have led to institutional abuse and neglect in such a manner that subsequent child abuse and neglect will be prevented, i.e., to focus attention on broad and fundamental issues rather than only on immediate efforts to a specific incident. Specifically, every corrective strategy developed as a result of a case of institutional abuse or neglect should address the following to determine where necessary improvements are needed:

- Policies of the institution which could range from deinstitutionalization and community and family involvement in policy formulation, to policies on how children should be managed and disciplined

- Administrative practices and procedures, including the quality and experience of all levels of staff
- Operational practices and procedures specifically relating to: screening of staff during the recruitment process; review of staff capabilities and performance; staff training after employment; and rotation of staff to minimize pressures.

Resource Enhancement

STANDARD K-II-11

INSTITUTIONAL STAFF SHOULD RECEIVE TRAINING IN THE PREVENTION, IDENTIFICATION, AND TREATMENT OF CHILD ABUSE AND NEGLECT AND ON THEIR REPORTING RESPONSIBILITIES AS DEFINED IN STATE LAW

Guidelines

- Recognize the current lack of training in child abuse and neglect among most institutional staff
- Recognize the impact of staff behavior on the development of children's behavior patterns and personality characteristics
- Identify training needs, training priorities, means for accomplishing training, and focus of training efforts
- Establish performance criteria for staff to achieve and appropriate techniques to test achievement before allowing staff to work independently with children
- Designate a specialist in the field of child abuse and neglect to conduct and/or coordinate the training
- Provide continuous and regular pre-service and in-service training, including supervisory and management training for staff in supervisory positions, and training for child care personnel who are in day-to-day contact with the children
- Train staff directly or through arrangements with another institution or community resource

- Utilize a multi-disciplinary approach to training
- Utilize available training materials suitable for institutional staff, developed by the State Child Protection Division
- Focus training on:
    - (1) the impact on children of the behavior of staff by:
        - (a) stressing the importance of modeling appropriate behaviors, and the uses and abuses of behavior modification
        - (b) discussing how to handle "problem" children in ways which do not involve physical discipline
    - (2) community reintegration as a goal
    - (3) normal and abnormal child development
    - (4) definitions and indicators of child abuse and neglect
    - (5) extent of child abuse and neglect in the community, State, and nation
    - (6) internal and external child abuse and neglect reporting and assessment procedures

STANDARD K-II-12

EACH INSTITUTION SHOULD CONDUCT AN ANNUAL REVIEW OF ITS CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT EFFORTS

Guidelines

- Perform evaluation by institutional staff who are trained in evaluation, with the option of requesting that the State Department of Social Services or the Local Social Services Agency assist with or perform the evaluation
- Coordinate evaluation efforts with other institutions, if possible
- Direct evaluation efforts toward such areas as:
    - (1) statistics concerning, for example, the number of abused or neglected children who entered the institution, the number of children suspected

of being abused or neglected in the institution, and the number of abused and neglected children reintegrated into the community from the institution

(2) effectiveness of treatment services
(3) quality of training efforts
(4) effectiveness of reporting procedures
(5) additional information needed to evaluate and improve child protection efforts

STANDARD K-II-13

EACH INSTITUTION SHOULD ESTABLISH AND MAINTAIN COMMUNICATION WITH THE STATE AND THE COMMUNITY TO PROMOTE PUBLIC AWARENESS OF INSTITUTIONAL CARE AND TO DEVELOP ALTERNATIVES TO INSTITUTIONALIZATION OF CHILDREN

Guidelines

- Recognize that public awareness of the needs of children is necessary in developing viable alternatives to institutionalization
- Identify target audiences, such as: leaders of the community; volunteer organizations; and State and local legislative officials
- Identify key information to be disseminated, with variations to depend upon the target audience
- Identify areas in which community resources can be utilized to foster alternatives to institutionalization
- Identify areas in which community volunteers can be used to promote public awareness
- Establish administrative rules and regulations which promote community involvement; e.g., use of institution's facilities by the community, the children's use of facilities within the community

- Develop and disseminate materials on the responsibilities of the institution and the needs of institutionalized children, utilizing various media
- Evaluate effectiveness of public awareness program annually

APPENDIX

GLOSSARY

This glossary has been designed to aid the broad range of readers of the Federal Standards on the Prevention and Treatment of Child Abuse and Neglect by providing definitions of the terms used throughout its various sections.

Adjudicatory Hearing: court hearing which determines whether there is sufficient evidence to prove that a child has been abused or neglected.

Advocacy Services: services provided to alleviate or assist families in coping with problems caused by situational factors, physical environment, and/or unhealthy living conditions. Services include: financial assistance and counseling; employment training and placement; housing assistance; health-related services such as family planning and counseling, public health nurse services and medical and dental examinations and treatment; legal services; transportation; and outreach programs.

Annual Report on Child Abuse and Neglect Prevention and Treatment: report submitted by the State Child Protection Division and the State Child Protection Coordinating Committee to the Governor and the State Legislature. The report, submitted yearly, summarizes progress made in implementing the Annual State Plan on Services to Children and Families and highlights areas that merit attention in the future.

Annual State Plan on Services for Children and Families: plan for the delivery of child protective services developed by the State Child Protection Division and the State Child Protection Coordinating Committee, with input from Local Authorities. Plan includes measurable, time-limited goals and objectives and planned monitoring and evaluation activities.

Assessment: process of determining whether there is a need for child protective or family support services. Information about a family, derived from the initial report of suspected child abuse and neglect and from diagnostic evaluation,is analyzed to determine whether a child has been abused or neglected and what services may be needed to protect the child and help the family.

Central Register: State-wide index of child abuse and neglect case records compiled and maintained by the State Department of Social Services as mandated by State Law.

Child Protective Services: specialized services that are immediately available for children who have been (or are in danger of becoming) abused or neglected, and for their parents and sibling(s). Designed to ensure health and safety of children and to provide assistance to parents so they are able to function independently in providing care for their children. Child protective services are rehabilitative, nonpunitive and, whenever possible, seek to maintain children in their own homes by working to strengthen families.

Child Protective Services Worker: local unit staff member who performs any of the following child protective functions: intake, case management, treatment, or placement.

Child Welfare Services: services provided for children and youth which may include adoption, day care, foster care, residential treatment, emergency shelter care, in-home social services, and protective services.

Client: the individual or family receiving services.

Community Child Protection Coordinating Council (Community Council): local group with broad community representation which has primary responsibility for assisting Local Child Protective Services Unit in discharging its responsibilities.

Court: there are a variety of courts which handle child abuse and neglect cases. Courts are divided into two broad categories: criminal and civil.

Criminal Courts: handle misdemeanor and felony cases

Civil Courts include (but are not limited to):

--domestic relations court: court in which divorces and and divorce custody cases are heard

--family court: in some States, the court which combines the functions of domestic relations, juvenile court, and probate court

--juvenile court: a court which handles only cases involving minors.

Disposition; Dispositional Order; Dispositional Hearing: the stage in child protective court proceedings which follows the adjudicatory hearing. At disposition, evidence is presented and arguments are made to establish what must be done to ensure the child's protection. The dispositional order may require a range of treatment or social services for the family as well as the child or, in more serious instances, placement of the child outside his home.

Evidence: statements or objects submitted to court to assist the court in reaching a decision. Types of evidence include:

Circumstantial Evidence: proof of circumstances used as evidence to infer the proof of a fact

Hearsay Evidence: evidence based on something the witness has heard someone else say. Hearsay evidence is usually inadmissable as testimony; however, there are numerous exceptions to this rule

Opinion Evidence: judgments or beliefs of a witness; only opinion evidence submitted by an expert witness is admissable in court

Physical Evidence: tangible exhibits,such as a document or weapon,introduced as evidence in court.

Evidentiary Standards: judicial requirements of proof which vary depending upon the type of court proceeding:

Beyond a Reasonable Doubt: standard in criminal prosecutions

Clear and Convincing Evidence: intermediate standard applicable to abuse and neglect proceedings in some States

Preponderance of Evidence: standard often interpreted to mean that it is "more likely than not" that abuse or neglect has occurred.

Expunction: the striking out or obliteration of a record(s) so that the deleted information cannot be stored, identified, or later recovered by mechanical, electronic, or other means.

Follow-up Services: worker contact and communication with a family after termination of child protective services to that family, the purpose of which is to ensure that progress is continuing and the family has stabilized.

Founded Report: report of suspected child abuse or neglect which, after intake and assessment, has been confirmed by the child protective services worker.

Guardian Ad Litem: an individual, often an attorney, who represents the general welfare, interests, and well-being of the child.

When the guardian ad litem is an attorney, he represents the child's legal interests as well.

"High Risk": vulnerable; a family, individual or situation in which an event or occurrence (e.g., child abuse and neglect) is likely, though not present.

Hospital Hold: retention of a child in a hospital or similar medical institution by person in charge of the facility for no longer than 24 hours, when the person in charge believes the facts warrant protective custody.

Independent State Agency: an agency at the State level which is concerned about the quality of care provided to children placed in institutions, and receives, evaluates, and recommends corrective action on reports of institutional abuse and neglect.

Indicated Report: report of suspected child abuse or neglect which, after intake and assessment, shows that there is some credible evidence of the alleged child abuse or neglect.

Intake: assessment process which begins with receipt of a report of suspected child abuse or neglect and concludes with a decision that the report is founded, indicated, or unfounded and that child protective services are or are not required.

Interagency Agreement: agreement developed by two or more agencies to provide for the coordination of services, programs, and activities. Agreement outlines specific action steps and delineates responsibilities for each agency.

Involuntary Intervention: provision of services to a family unwilling to receive them except under court order.

Least Restrictive Alternative: standard used for placement of a child which provides maximum opportunity for child's emotional security and development.

Local Authority: the designated Local Social Services Agency and the Community Child Protection Coordinating Council.

Local Child Protective Services Unit (Local Unit): local, specialized unit which is housed within the Local Social Service Agency and which is assigned prime responsibility for child abuse and neglect prevention, identification and, treatment efforts.

Local Plan of Action: annual plan developed by the Local Child Protective Services Unit and the Community Child Protection Coordinating Council to focus on delivery of child protective services. Plan includes measurable, time-limited goals and monitoring and evaluation activities.

Mandatory Reporters: persons and officials who are required to report known and suspected child abuse and neglect. Can include: physician, resident, intern, or hospital personnel engaged in the admission, examination, care, or treatment of children; nurse, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, Christian Science practitioner, religious healer, or any other health or mental health professional (including any psychiatrist, marriage counselor, psychologist); school principal, school teacher, pupil personnel worker, or other school official; social worker; child day care center worker or other child care staff including foster parents, residential care or institutional personnel; peace officer or other law enforcement official; judge, attorney, referee, magistrate, or other judicial system official.

Multi-disciplinary Case Consultation Team: a group of individuals representing diverse professions and skills who meet together regularly to assess, diagnose, plan treatment for and review cases of child abuse and neglect. Teams may include physicians, nurses, social workers, attorneys, educators and law enforcement officers and may be hospital-, community-, or agency-based.

Needs Assessment: a survey and analysis of community service delivery system and patterns performed by compiling relevant statistical information and by determining gaps and/or duplication in services and future client needs.

Outreach: agency activities which reach out into the community to focus on target or high-risk groups.

Petition: a formal,written document requesting the court to take a specific action.

Post-dispositional Hearing: court proceeding, initiated by the Local Child Protective Services Unit or person who has custody of the child, to enforce a dispositional order when there are alleged violations.

Post-dispositional Review: review, either automatically initiated or initiated at the request of the child's parents or the Local Child Protective Services Unit, of child in placement to determine whether the child can be returned to his own home or should continue in placement.

Preliminary Hearings: various pretrial hearings, often for the purpose of determining the admissibility of evidence, whether a crime has been committed, or to determine whether there is probable cause to believe that a crime has been committed by the accused.

Prima Facie: a prima facie case is one which has been proved sufficiently to sustain the charges unless disproved by the defendant or parent.

Primary Prevention: prevention of child abuse or neglect before it occurs through such activities as public education, public awareness, etc.

Privileged Communications: confidential communications which are protected by law and cannot be disclosed in court over the objection of the holder of the privilege.

Probable Cause: facts and circumstances based on accurate, reliable information (i.e., evidence of injury, statements) that would justify a reasonable person's belief that a child has been abused or neglected.

Protective Custody: removal of a child from parental custody under court order or State authority when the child is in imminent danger.

Protective Supervision: legal status established by court order in which the child is permitted to remain at home under supervision of an outside agent (usually the Local Child Protective Services Unit or another agency).

Purchase of Services: provision of certain services by voluntary or public agencies under contract with the Local Social Services Agency or the State Department of Social Services.

Reasonable Cause to Suspect: in reporting laws, this term describes a degree of certainty between unfounded suspicion and probable cause to believe that abuse or neglect has occurred. For reporting purposes, the term represents a lesser quantum of evidence than probable cause. Reasonable cause to suspect is based on what reasonable people, in similar circumstances, would conclude from such things as the nature of injury(ies) to the child, statement and demeanor of the parents or the child, conditions of the home, etc.

Resource Enhancement: the process that: (1) identifies existing staff and program resources; (2) determines which resources are lacking or insufficient; (3) sets resources priorities according to identified need and available financing; (4) integrates these findings into plans of action; and (5) designates the responsibilities for implementation.

Secondary Prevention: recognizing, assessing, and assisting high risk families to achieve change so that abuse or neglect will not occur.

State Authority: the State Department of Social Services and the State Child Protection Coordinating Committee.

State Child Protection Coordinating Committee (State Committee): State-wide group with broad representation charged with assisting the State Department of Social Services to fulfill its responsibilities.

Treatment: the provision of services to prevent a reoccurrance of child abuse or neglect or to improve the parents' ability to cope and care for their children.

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